

## EXHIBITION APPLICATION FORM

Please complete and forward to:           The Secretary  
Emerald Art Gallery  
PO Box 1515  
Emerald Qld 4720

\*Please note: you will be notified in writing if your application is successful.

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### **EXHIBITING PERSON / GROUP / ORGANISATION**

1. Name of Exhibiting Person / Group / Organsiation:

\_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

### **CONTACT PERSON FOR THE GROUP / ORGANISATION**

3. Name: \_\_\_\_\_

4. Position in Organisation: (President, Secretary) \_\_\_\_\_

5. Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

6. Telephone: (Bus) \_\_\_\_\_ After Hours: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

7. GST registered YES / NO ABN: \_\_\_\_\_

### **EXHIBITION DETAILS**

9. Title of Exhibition:

\_\_\_\_\_

10. Description of Exhibition:

a. Rationale for the Exhibition – the idea or concept

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b. Description of Exhibition – medium, no. of works, sizes of works

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c. Please tick which of the relevant documentation you have supplied with the application:

slides/photos/CD  CV/information on organization  Artist statement

**DO NOT SEND ARTWORK WITH THE APPLICATION**

d. If your exhibition is relevant to a particular event, community celebration or milestone please provide details, including dates:

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e. Please tick preferred time of year to hold your exhibition. This is only a guide, the planning of the exhibition program is at the discretion of the Gallery Committee.

Jan – Mar       April – June       July – Sep       Oct – Dec      Year: 20\_\_\_\_

f. The Emerald Art Gallery users can conduct associated activities during their exhibition. If you are considering associated activities please provide details below:

Lectures       Workshop       Demonstrations       Performances

other, please specify: \_\_\_\_\_

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g. Why would you like to exhibit at the Emerald Art Gallery?

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## **SPONSORSHIP AND SUPPORT**

11. if you will be applying for a grant from a funding agency, community sponsorship or in-kind support to assist with your project, please provide details including what you are hoping to obtain from your funding and the amount requested (if applicable)

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## **EQUIPMENT AND SERVICES REQUIRED**

12. Please indicate the facilities required during your exhibition: NOTE – These may not be available and you will be informed with confirmation of your exhibition.

Glass Cabinet	<input type="checkbox"/>	number required _____
Pedestals/plinths	<input type="checkbox"/>	number required _____
Hanging system	<input type="checkbox"/>	number required _____
Video/DVD	<input type="checkbox"/>	number required _____
Projector	<input type="checkbox"/>	number required _____
CD/Mic/Sound	<input type="checkbox"/>	number required _____

## **ACKNOWLEDGEMENT**

13. I/we have read the Emerald Art Gallery exhibition information and accept the terms and conditions of Exhibiting at the Emerald Art Gallery.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_