

EASTERN SHORE ART CENTER EXHIBITS COMMITTEE PROPOSAL

Artist: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Cell: _____ Email: _____

Contact information will be used for follow-up instruction.

Name of Exhibit: _____

Description of Exhibit: _____

Proposed Exhibit Dates: _____

Please attach up to 5 high-resolution images.

These images must reflect your body of work and include several that will be included in your exhibit.

ID #1: _____

Title	Medium	Size	Pricing	Date
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ID #2: _____

Title	Medium	Size	Pricing	Date
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ID #3: _____

Title	Medium	Size	Pricing	Date
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ID #4: _____

Title	Medium	Size	Pricing	Date
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ID #5: _____

Title	Medium	Size	Pricing	Date
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Email proposal & digital images: adrienne@esartcenter.org

OR Mail/Deliver: Eastern Shore Art Center • 401 Oak Street • Fairhope, Alabama 36532 • Attn: Adrienne Clow