

LILBURN ARTS ALLIANCE APPLICATION

NON-JURIED EXHIBIT

Artist Name _____

Address _____

City/State _____

Phone _____ email _____

<u>TITLE</u>	<u>MEDIUM</u>	<u>SIZE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge that I have read the Prospectus guidelines:

Signature _____

Make Checks Payable to: Lilburn Arts Alliance

Mail to:

Peggy Sullens
4929 Elizabeth Way
Lilburn, Ga 30047