

LILBURN ARTS ALLIANCE ART EXHIBIT APPLICATION

EXHIBIT APPLICATION

Artist Name _____ Date _____

Address _____

City/State _____

Phone _____ email _____

EXHIBIT SUBMISSION (UP TO 5 PIECES; JURIED)

FEE- \$30 MEMBERS; \$50 NON-MEMBERS

<u>TITLE</u>	<u>MEDIUM</u>	<u>SIZE</u>	<u>RESULTS</u>
_____	_____	_____	Accepted/Declined
_____	_____	_____	Accepted/Declined
_____	_____	_____	Accepted/Declined
_____	_____	_____	Accepted/Declined
_____	_____	_____	Accepted/Declined

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