

**McMillan Arts Centre
Application for a Solo Art Exhibition**

The Artist

Name	
Address	Telephone
Email	
Website	
GST Number	N/A _____
Biography	Must be attached on a separate sheet

The Work

Description of the work	Must be attached on a separate sheet
Medium	
Proposed title of exhibition	
Proposed number of pieces	
Assistance making labels?	Yes _____ No _____
Images of pieces	3-5 1MB jpgs must be emailed at time of application
Preferred exhibition period	___January to June 20___ ___July to December 20___
Preferred months for exhibition	1. _____ 2. _____ 3. _____
Preferred gallery	Concert _____ Oceanside _____ Nemeth (photography) _____
Assistance needed for hanging And take-down?	Yes _____ No _____

The artist's signature indicates agreement with, and acceptance of, the attached terms and conditions. Completed applications may be emailed, mailed or dropped off at:

The McMillan Arts Centre 133 McMillan Street Parksville BC V9P 2H5
Phone - 250.248.8185 Email - info@mcmillanartscentre.com

Artist's Signature _____ Date _____

Received by _____ Date _____

Date received	
Status Accept/Decline	
Exhibition Date	
Gallery	
MAC Liaison	
Exhibition confirmed	