

McMillan Arts Centre
Application for Art Exhibition

Artist

Artist or Group Name	___ Solo ___ Group
Contact Name	
Address	
Telephone	
Email	
Website	
GST Number (if applicable)	
Information about Artist	(May be attached on separate sheet)

Work

Description of Work	
Medium	
Images of Work (minimum 3 images)	___ Attached ___ email 1MB jpgs
Preferred Gallery or Galleries (optional)	___ Concert (67 linear ft) ___ Oceanside (61.6 linear ft) ___ Nemeth (24 linear ft)
Preferred Exhibition Timeframe (optional)	___ January - June ___ July - December

Note: Applications should be submitted by April 30 to be considered for the following exhibition year.

Completed applications may be emailed, mailed or delivered to:

The McMillan Arts Centre
 Phone – 250.248.8185

133 McMillan Street Parksville BC V9P 2H5
 Email – info@mcmillanartscentre.com

Artist's Signature _____ Date _____

