



Exhibit Application

This application, as well as all items listed on the Application Checklist, must be complete to be considered for review. Return (with your non-refundable application fee of \$10) to the Gallery office or mail to: Exhibit Team, Pagosa Springs Arts Council, PO Box 533, Pagosa Springs, Colorado 81147. Please print all information. Questions: email us at PSAC@centurytel.net.

Date: _____

Artist's Name | Social Security # |

Business Name | Federal ID # |

Mailing Address |

City | State | Zip Code |

Residence/Studio
Physical Address |

City | State | Zip Code |

Phone | () | Fax | () |

Email | Website |

Media/Material Used in Work |

Subject of Art |

Description of Subject/ Content of Work (Theme &
Title) |

Minimum Size | Maximum Size |

Approximate Number of Pieces in
Exhibit |

Price Range |

Month you prefer to exhibit | First Choice | Second Choice |

Month you cannot exhibit |

See attached Application Checklist and Contract

315 Hermosa Street - PO Box 533 - Pagosa Springs, Colorado 81147
(970) 264-5020 - FAX (970) 264-1163
Email: PSAC@centurytel.net - www.pagosa-arts.com