eleanor winters ART GALLERY

ewag

Submission Application

NOTE: For group shows, this form should completed by one primary group representative. Please attach a page that includes all names and contact numbers/ emails of the remaining group members.

General Information

Name: _____ Date: _____

Phone: _____ Applying for show of : Solo ☐

Email: _____ Pair ☐

Group ☐

Student I.D. Number: _____

Program of Study: _____ Year of study: _____

Why do you want an exhibition at EWAG?

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What month(s)/dates would you prefer for exhibiting your work?

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Have you shown this work before? **Yes** ☐ **No** ☐

if so where? _____

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Please attach a summary of your exhibition history on a separate sheet of paper. ☐

Briefly describe your work. (Include your medium, intent, meaning, and subjects present within the work)

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Please include photographic documentation of your work.

Do not submit originals. Please submit digital photographs on a CD/DVD. If you include printed documents/photographs you are required to pick up your applications and photos within two weeks of notification.

Please submit completed applications to the Eleanor Winters Art Gallery, Room 129 Winters College, or to the Office of the Master, 121 Winters College, attn:EWAG.

Thank You!