

Lincoln City Cultural Center
540 NE Hwy 101, Lincoln City, OR 97367
541-994-9994

CHESSMAN GALLERY PROPOSAL FORM

PROPOSED SHOW TITLE: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

WEBSITE: _____

Month Of Choice (April, May& July are not available) : 1st choice _____ 2nd choice _____

RENTAL (if applicable): _____

COMMISSION (check which applies): **MEMBER 40%** ___ or **NON MEMBER 50%** ___

PRICE RANGE for your art work (“not for sale” work also acceptable) _____

COMPLETE DESCRIPTION OF SHOW: _____

*You may add additional page for description if you wish.

SPECIAL REQUESTS – ROLLING WALLS, FOLDING WALLS, ETC: _____

APPLICANT: _____ DATE: _____

***PLEASE ATTACH 3 to 6 IMAGES (1 MB in size, digital) OF WORK THAT REPRESENTS WHAT WILL BE IN YOUR PROPOSED SHOW.**

***We will also be requesting 1 actual piece of your artwork to be dropped off at the Center by the end of September for presentation to the Jury Committee in mid October.**