

Application for Retail Gallery Artists

Name: _____

Business Name (if different from above): _____

Address: _____

Contact Phone Number _____

Email Address: _____ Website _____

Medium* (please circle one)

Clay Fiber Wood Metal Glass Jewelry Mixed Media

Other (please specify): _____

*Please note that two dimensional works such as the following are not eligible: Painting, drawing, prints, photographs, posters, giclees, etc

INCLUDE THE FOLLOWING ATTACHMENTS TO THIS APPLICATION

1. **Five (5) digital jpg images** sized to 4" x 6" on a CD or DVD labeled with artist's name **OR** Five (5) 4"x6" photographs, labeled clearly with the title of the work and artist's name.
2. **Retail Price List** for all images submitted including the title, dimensions, materials, and price.
3. Brief **Artist Bio** which includes the following information: artistic background, work experience or education; retail and/ or wholesale experience; current galleries and/or exhibitions (within the last two years)
4. **Artist Statement** describing the techniques used in the creation of the work and the ideas and concepts that you want to communicate to the retail gallery clientele.

Please submit this application with ALL REQUIRED MATERIALS to:

Liz.rogers@floridacraftart.org or

Liz Rogers, Gallery Manager
Florida CraftArt
501 Central Ave
St. Petersburg, FL 33701