



**NAME OF ARTIST  
OR GROUP AND ITS  
REPRESENTATIVE:**

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**ADDRESS:**

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STREET

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CITY STATE ZIP CODE

**TELEPHONE:**

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(HOME) (WORK)

**E-MAIL:**

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**ART BACKGROUND:**

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**EXHIBITION HISTORY:**

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**DIMENSIONS OF ART:**

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**PROJECTED NUMBER  
OF PIECES:**

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**MEDIUM:**

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*I have read and understood the attached information sheet on the Art Exhibits and agree to abide by its provisions.*

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(SIGNATURE OF ARTIST OR GROUP REPRESENTATIVE)

Please return form to:

Lynn Vandenesse  
Art & Music Department  
Richmond Public Library  
101 East Franklin Street  
Richmond, VA 23219  
Telephone: 804/646-7223  
E-mail: Lynn.Vandenesse@richmondgov.com

I am interested in being on a waiting list  
to exhibit on a short notice.

Yes  No