## **Exhibit Application Form**

Please indicate the type of exhibit you are applying for: ☐ Solo Exhibit ☐ Group Exhibit Are you or a member of your group a Massachusetts resident or Rhode Island resident? ☐ Yes ■ No Are you or a member of your group a W. Bridgewater resident or is your organization based in W. Bridgewater? ☐ No ☐ Yes Have you exhibited at the Beth Roll Smith Gallery before? ☐ Yes ☐ No Artist Name(s) / Organization Contact Name (if different from above) Address **Phone Number** 

Email Address
Social Media Handle / Website
Exhibit Title
Anticipated Number of Pieces in Exhibit
Relative Size of Pieces
Preferred Month of Exhibit (2024) - First Choice
Preferred Month of Exhibit (2024) - Second Choice
Are there any months that you are unavailable?

In addition, you must submit at least 3-5 images of the artwork that will be exhibited for review along with your application. Applications submitted without images will not be considered. You can submit the images by email to <a href="mailto:kbenoit@westbpl.org">kbenoit@westbpl.org</a>, deliver the images on a flashdrive, or attach large, high quality printed images to the exhibit application form.

Brief Description of Exhibit		
Artist Statement (may attach separately or em	ail)	
How did you find out about our Call for Art?		