



## Application

Please mail or drop off application at GAC located at 2501 Market Street.

ArtWalk Date \_\_\_\_\_

**CATEGORY:**

- Gallery [\$95.00]                       Happening [\$95.00]  
 Other Walls [\$95.00]                       Friend [\$35.00]

Venue: \_\_\_\_\_ Address: \_\_\_\_\_

Location Telephone Number \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

TITLE OF EXHIBITION or NAME OF ARTIST(S) to be exhibited:

\_\_\_\_\_  
\_\_\_\_\_

Exhibition on view until: \_\_\_\_\_ Opening Reception Hours: \_\_\_\_\_

**FEES:**

Gallery/Happening/OtherWalls [\$95.00] or Friend [\$35.00] \$ \_\_\_\_\_

25 brochures included with registration. Additional brochures @ \$0.15 each \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

My cash or check payment (payable to Galveston Arts Center) is enclosed

Please charge my credit card: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

