

Clackamas County Arts Alliance  
**ARTIST EXHIBIT PROGRAM**



**EXHIBIT INFORMATION DOCUMENT** (page 1 of 2)

*Please email back completed form 1-2 weeks prior to your exhibit, or earlier.*

**ARTIST INFORMATION**

Group Name:

Contact Name:

Home/Cell Phone:

Email:

Website:

**EXHIBIT DETAILS**

Exhibit Venue:

Venue Location City:

***Please plan to deliver/pickup your artwork at the gallery as noted below:***

Exhibit Start Date/Time Deliver:

Exhibit End Date/ Time Pickup:

Required # of Artworks:

Duration of Exhibit:

**ARTIST STATEMENT/BIO** (Will be displayed in exhibit with contact info)

*Note: you may edit this statement from your application. <100 words only.*

**QUESTIONS?** Contact AEP Exhibit Coordinator Sue Allen: [sueallen118@icloud.com](mailto:sueallen118@icloud.com)

# Clackamas County Arts Alliance

## ARTIST EXHIBIT PROGRAM



### EXHIBIT INFORMATION DOCUMENT *(page 2 of 2)*

**LABEL INFORMATION-** *Type in info on each Artist & Artwork. Please be brief.*

Each label we produce will include Artist name, Artwork title, medium, sale price or NFS (not for sale). Include dimensions of artwork for our use.

Group Name:

Venue:

Required # of Artworks:

Deliver:

#	Artist Name/ Artwork Title	Medium	Sales Price	Dimensions H x W x D	
1	Artist: Title:				
2	Artist: Title:				
3	Artist: Title:				
4	Artist: Title:				
5	Artist: Title:				
6	Artist: Title:				
7	Artist: Title:				
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18	Artist: Title:				
19	Artist: Title:				
20	Artist: Title:				