REQUEST TO DISPLAY ART AT THE SAN DIEGO COUNTY ADMINISTRATION CENTER

ART HALLS/ART WALLS PROGRAM

CLERK OF THE BOARD OF SUPERVISORS – PUBLIC SERVICES SECTION
1600 PACIFIC HIGHWAY, ROOM 402, SAN DIEGO, CA 92101
PHONE: 619-531-5600 FAX: 619-338-8159

NAME/CONTACT: _____

ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: DAY: _____ EVENING: _____

ALTERNATE CONTACT NAME: _____

ALTERNATE CONTACT PHONE: _____

DESCRIPTION OF ARTWORK (Include size and media):

HOW MANY PIECES ARE IN YOUR EXHIBIT? _____

REQUESTED DATES OF EXHIBIT: _____

PLEASE ATTACH THE FOLLOWING:

1. A current résumé (for individuals) or an organizational mission statement;
2. A complete set of photographs and/or digital images on CD of the artwork that you want to display. Include your name, the dimensions of the artwork, and the title of the piece(s) on each photograph and/or digital image on CD (After approval, no new art may be added to the exhibit).
3. A completed "Participation In The Art Halls/Art Walls Program Agreement"
4. Exhibit B "List of artwork for approval"

Please note that the submission of this request does not guarantee participation in the Art Halls/Art Walls Program. To be accepted by the committee, artwork must meet the requirements set forth in the "Conditions for Participation in the Art Halls/Art Walls Program at the San Diego County Administration Center."

_____ _____

Date Artist's Signature