

Village of Royal Palm Beach – Artist Exhibition Application



Artist Information: Please Type or Print Clearly

Artist Name: _____

If Artist is a student, name of teacher; if artist is under 18, please also include name and or parent or guardian.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Website: _____

Primary Phone: _____

Work Locally: Y N Where: _____

Submission Information:

Dates artwork is available for exhibition: _____

Number of Pieces Submitted: _____

Please email your submission to: mlopez@royalpalmbeachfl.gov

Artist Signature: _____ Date: _____

Parent/Guardian Signature (if required): _____ Date: _____

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----- Administrative Use Only -----



Artist Name: _____

Phone: _____

Media: _____

From the Village of Royal Palm Beach? Y _____ N _____

Exhibition Dates: _____

Installation Date: _____ Time: _____

Pick Up Date: _____ Time: _____

Received : _____ Time: _____

Staff Signature: _____