



## Artist Application and Agreement

Artist Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_ Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Media/Category:  
\_\_\_\_ Sculpture; Sculpture subcategories \_\_\_\_ Wood \_\_\_\_ Metal \_\_\_\_ Other \_\_\_\_ Jewelry  
\_\_\_\_ Fiber \_\_\_\_ Ceramics \_\_\_\_ 3 Dimensional Mixed Media \_\_\_\_ Painting \_\_\_\_ Photography

Description of Materials and Techniques/Artist Statement: (can attach separate 8.5" x 11" sheet)  
\_\_\_\_\_  
\_\_\_\_\_

Type of Display: Exhibiting Only \_\_\_\_\_ Exhibiting and Booth \_\_\_\_\_ Booth Only \_\_\_\_\_

Special requests: \_\_\_\_\_  
Electricity needed - \$15.00 extra: yes no (must provide own extension cords)  
Rentals - \$15.00 extra: Tables \_\_\_\_\_ Chairs \_\_\_\_\_  
Texas Sales Tax Number: \_\_\_\_\_

I hereby agree to indemnify and hold harmless Clark Gardens Botanical Park, its agents, employees, volunteers or assigns, from all losses, costs, damages, expenses and liabilities caused by an accident or other occurrence of bodily injury to any person, or damage or destruction to real or personal property arising directly or indirectly from operations, products or services rendered under this contract.

I agree to abide by all exhibit terms, conditions and regulations as set forth in the Artist Information and Guidelines, a copy of which I have reviewed. This application is considered my commitment to exhibit at the 2012 Clark Gardens Spring Festival on March 30-April 1<sup>st</sup>. Upon acceptance, the booth and/or exhibit fee is due and payable by February 1, 2012. No refunds will be made available.

Fees will be refunded by April 5, 2012 if all terms of this application are upheld.

Submit this application, together with the required digital images and \$15.00 nonrefundable application fee.

### Payment Options:

- Enclosed is my application fee of \$15.00
  - Check Number \_\_\_\_\_ (please make checks payable to Clark Gardens)
- Please charge my credit card \$15.00

Credit Card Type: Check one American Express Discover Visa Master Card  
Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_  
Billing Address for Credit Card: Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_