APPLICATION FOR GALLERY SPACE AT WAUKESHA CITY HALL

Name of Group
or Artist _____   Date: _____

Street
Address: _____   Contact
                                               Person: _____

City, State,
Zip: _____   Contact
                                               Phone #: _____

                                               Alternate
Email: _____   Phone # _____
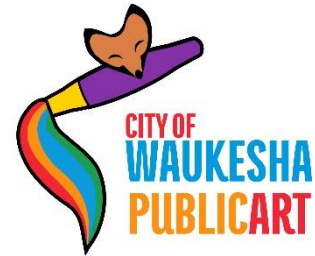
PROPOSED DATES: (Minimum reservation is one month.)

First   Second
Choice: _____ to _____   Choice: _____ to _____

APPLICATION DETAILS

Each application must include:
- Completed application form
- Summary of Artwork and/or Artist Bio
- Detailed listing of items to be displayed, including
  1. Total number of pieces
  2. Type of Media
  3. Name of Artist (if more than one artist represented.)
  4. Value of Work
- Digital file image samples of previous or current work.

Incomplete or inaccurately assembled applications may not be considered.

DEADLINES

Applications are reviewed on a regular basis. Please email your application to CommDev@ci.waukesha.wi.us at least 3 months in advance of proposed date(s).

APPLICATION EVALUATION

Applications are evaluated by a committee of artists, community members, and city staff. In some instances, artists are invited to participate without submitting an application. Applicants will be notified via email as soon as possible after the review on the status of their application.

☐ I have received and read the Waukesha City Hall Guidelines for Rotating Public Art Displays. I understand that, if accepted, I agree to have my/our group's artwork ready for display and will abide by all terms outlined in the agreement.

Applicant Signature: _____   Date: _____

OFFICE USE ONLY

Approval Signature: _____   Date of approval: _____

Set-up(date/time): _____ Remove(date/time): _____ Applicant notified(date): _____

Comments: