

SMITHFIELD MONTHLY ARTS

ARTIST CONTACT INFORMATION

IF YOU ARE AN ARTIST WISHING TO PARTICIPATE IN THE **SMARTS** (SMITHFIELD MONTHLY ARTS) STROLL ON THE SECOND FRIDAY NIGHT OF EVERY MONTH ON MAIN STREET IN HISTORIC DOWNTOWN SMITHFIELD – PLEASE SIGN-UP.

ARTIST'S NAME: _____

ADDRESS: _____

E-MAIL: _____

PHONE(S): _____ HOME
WORK _____ CELL _____

PLEASE DESCRIBE YOUR ART EXHIBIT INCLUDING INFORMATION ON THE SIZE, MEDIUM, AND CONTENT OR THEME. PLEASE ATTACH PHOTOS OF YOUR WORK.

I AM INTERESTED IN PARTICIPATING IN **SMARTS** ON THESE DATES:

JULY 10, 2009 _____	JANUARY 8, 2010 _____
AUGUST 14, 2009 _____	FEBRUARY 12, 2010 _____
SEPTEMBER 11, 2009 _____	MARCH 12, 2010 _____
OCTOBER 9, 2009 _____	APRIL 9, 2010 _____
NOVEMBER 13, 2009 _____	MAY 14, 2010 _____
DECEMBER 11, 2009 _____	JUNE 11, 2010 _____
	JULY 9, 2010 _____

___ I DON'T HAVE A VENUE AND WOULD LIKE TO BE SUGGESTED TO VENUES STILL
LOOKING FOR AN ARTIST

___ I HAVE A CONFIRMED VENUE AT _____ (LOCATION)
FOR THE SMARTS WALK ON _____ (DATES)

AFTER YOU ARE MATCHED TO A VENUE, IT IS THE ARTIST'S RESPONSIBILITY TO CONTACT THE VENUE HOST BEFORE THE **SMARTS** EVENT CONCERNING YOUR SPACE REQUIREMENTS AND ACCESS. CONTACT INFORMATION WILL BE PROVIDED. PLEASE BE PREPARED WITH AN ARTIST'S BIOGRAPHY AND OTHER PROMOTIONAL MATERIALS IN CASE THE VENUE HOST PLANS TO ADVERTISE YOUR EXHIBIT. **SMARTS** WILL BE HELD "RAIN OR SHINE", YOUR HOST IS COUNTING ON YOU!

ARTIST'S SIGNATURE

DATE