

Russell Henderson Gallery & Gill Grant Room **Application Form**

APPLICANTS DETAILS

Contact Name:	
Postal Address:	
Email:	
Phone:	Cell:
EXHIBITION DETAILS	
Exhibition Name:	
Type and Quantity of Artworks:	
Artists' Names:	
Preferred Dates (Approx. 6 weeks):	
rieletted Dates (Approx. 6 weeks).	
EXHIBITION CONCEP	
	1
I have read and agree to the Propo	sal Guidelines and Conditions of Central Stories Museum and Art Gallery.
Signed:	Date:
SEND COMPLETED APPI	LICATION FORM, BIO, CV, PROPOSAL AND IMAGES TO:

Arts Sub-Committee Central Stories Museum and Art Gallery PO Box 308, Alexandra, New Zealand 9340.