

**Covered Bridge Art Studio Tour 2018
Artist Application**

Application Deadline: February 9th, 2018

Friday 10/12: 4-8pm ~ Saturday 10/13: 10am-5pm ~ Sunday 10/14: 11am-4pm

Fees based on application postmarked date:

Early Registration Discount Deadline	<i>fee if postmarked by 1/31/18</i>	\$160 or
Application Deadline:	<i>fee if postmarked by 2/9/18</i>	\$170

No exceptions. All Deadlines include images received by each date as well.

You must be a member of the Cedarburg Artist Guild- Membership fees due in January

Your Total: \$ _____

***Complete Both Pages, Sign & send with check made payable to
Cedarburg Artists Guild***

Mailing address: CAG - P.O. box 663, Cedarburg, WI 53012

Artist Contact Information: (Please Print)

Name: _____

Phone/Cell: _____

Email: _____

Event Brochure Information: (Please Print)

Name: _____

Studio name (if applicable): _____

Medium: _____

Studio Location/Address: _____

City _____

Web Address (or email if no Web Address) _____

Pop-UP Location sign off: Signature _____ PrintName _____

(If you are showing at a pop-up location, it is your responsibility to have the conversation and have their signature here that they are OK with the hours and having you there that weekend.)

Demonstrations: Do you plan to do demonstrations during the tour? Yes No

Photos & Art Statement: MATERIALS ARE DUE WHEN APPLICATION IS MAILED.

ONE hi res digital image of your artwork JPEG file, 300dpi.

ONE digital image of you working in your studio JPEG file, 300dpi with minimum dimensions

Label images as ArtistName_ Artwork or ArtistName_ Studio *(please do this, saves me time)*

Elevator pitch in a word document (.doc file) (Art Statement should be about 2-4 sentences in 3rd person.) Label file as: ArtistName_Artist Statement *(please do this, saves me time)*

Email your images & statements to: kandystudiotour@gmail.com

Please mark **(Y or N)** for social media formats you approve your information to be used on:

CBST Blog Facebook Pinterest Twitter CBST Webpage

I _____ agree to fulfill the above participating artist requirements.

(print name)

I understand that failure to hold and be present for all the hours of the tour will affect my ability to participate in the tour the following year. I also agree to send materials needed the day application is mailed.

Artist Signature: _____