## **Application for Exhibit/Performance**

| Name of Artist or Group:<br>Address:  |                                     |   |                       |
|---|-------------------------------------|---|-----------------------|
| E-mail:   | Pł                                  | none:                                     |                       |
|   |                                     |   |                       |
| Florida State University Affiliation (e.g. stude  | ent, staff, etc.):                  |   |                       |
| Is this exhibit/performance related to a clas   | s? Ye                               | 25  | No                    |
| If so, class name and instructor:   |                                     |   |                       |
| Please describe, in detail, the proposed exhibit. Please include the following information: number of artists, approximate number of pieces, media, special display needs (e.g. pedestals, special electrical): |                                     |   |                       |
| Preferred date for the exhibit or performance<br>Is this date critical? If so, please explain:  |                                     |   |                       |
|   | bmission mater<br>g materials to th | rials will be kept f<br>ne FSU Art Center | or gallery records.   |
| Note: All exhibits for each semester (Spring,   |                                     | e scheduled 2-6 m                         |                       |
| beginning of the semester. For example, all   | •                                   | 2   |                       |
| the Fall Semester at the latest. Questions? C   | all 644-3898 or E-                  | -mail uniongallery                        | @admin.fsu.edu.Thanks |

for your interest in the Oglesby Gallery!