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Gallery In The Sky – Artist Application

Date of Application: / /

NAME

MOBILE NO.

EMAIL

LOCATION

STATE

CITY

ZIP CODE

WEBSITE

INSTAGRAM OR OTHER SOCIAL MEDIA ACCOUNTS

TELL US ABOUT YOUR WORK

DO YOU HAVE A CHARITY YOU WISH TO BE ALIGNED WITH?

checkbox

YES

checkbox

NO

IF YES, WHICH CHARITY? WHY?

HOW DID YOU HEAR ABOUT GALLERY IN THE SKY?

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**PLEASE ATTACH A COLLECTION OF YOUR WORK / YOUR PORFOLIO**

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Thank you for reaching out.

We will be in contact with you soon.