

ARTIST REGISTRY APPLICATION

PLEASE INDICATE		NEW SUBMISSION		UPDATE	
NAME AND AD	<u>DDRESS</u>				
NAME _					
ADDRESS	Mr./ Ms.	First		Last	
NAME AND AE NAME ADDRESS CONTACT GALLERY (if applicable) CONTACT PRIMARY MED PLEASE INCLUI An a Subm Each 300 c List desc Previ PLEA In addition, art Summary Up to 10 project bu MAIL SUBMISS Public Art for P Artist Submissi	Street			Apartment	
	City	State	Zip	Country	
	Day Telephone	Evening Telephone		Cellular Telephone	
_	Email			Website	
_	Name				
CONTACT _	Street	City	State	Zip	
	Name	Telephone		Email	
PRIMARY MED	IUM				
SCULPTURE INSTALLATION		PAINTING		DRAWING/PRINTMAKING	
	_INSTALLATION	P	HOTOGRAPHY	OTHER	
PLEASE INCLUE	DE THE FOLLOWING WITH	THIS APPLICATION			
• Curre	Current resume An artist statement				
An ar	tist statement				
Each	image should be labeled w			'D labeled with the artists name and date of submissio ork. Images should be in JPEG format, size: 5" x 7" 150 (
• List o	•		ding full description	ns (title, date, medium, dimensions (H x W x D), ar	
Previous	ous public art projects sho	uld include location,	commissioning age	ency, and budget.	
• PLEAS	SE DO NOT SUBMIT ORIGIN	IAL ARTWORK			
In addition, arti	ists who would like to be c	onsidered for the <mark>Sit</mark>	<mark>es for Students</mark> pro	ogram should include:	
				ization, age group, project budget and timeline.	
•	images of student or colla dget and timeline for each		h photograph shou	uld be labeled identifying the organization, age grou	
MAIL SUBMISS Public Art for P Artist Submission NYC School Cor 30-30 Thomsor Long Island City	ublic Schools ons nstruction Authority n Avenue				
Signature			Date		



