



APPLICATION FOR RAAA GIFT GALLERY

Date _____

Name (please print) _____

Address _____

City, State, Zip _____

Email address _____ Phone _____

Website URL _____

What is your art medium? Please describe: _____

Does your art need wall space, counter space, or floor space? _____

Do you work in other media? _____ (If you wish to enter items in these other media, they will need to go through a committee review.)

Describe other media: _____

Is all the work you would submit your own original work? _____

RAAA will collect at 20% commission, which will go toward the maintenance of the Gallery.

Please list other ways in which you will also contribute to the viability of the Gift Gallery, and estimate when you will be able to do so (daily, weekly, monthly, occasionally):

If mailing, send to: **RAAA, attn: GG Committee**
711 Lake Ave. W.
Ladysmith, Wisconsin 54848

**If more room is needed, please use the back of this form. Please do not write below this line.*

GG-C accept _____ or not at this time _____ Date _____