

**BURRA REGIONAL ART GALLERY**

6 Market Street Burra SA 5417

PO Box 190, Burra SA 5417

www.burrageallery.com.au

ABN: 32-939-327-145

**APPLICATION TO EXHIBIT**

INDIVIDUAL OR GROUP NAME.....

POSTAL ADDRESS.....

..... Post Code .....

TELEPHONE ..... MOBILE .....

EMAIL .....

CONCEPT .....

.....

.....

.....

Attach sheet if necessary  
Please include images of your work.

**CONDITIONS**

- The Gallery’s rights will be respected at all times and the wishes of the Board met.
- Every effort will be made by the Board on behalf of the artist/participant(s)
- BRAG Terms and Conditions will be adhered to.

I have read and agree to the Conditions

**SIGNED**.....

**DATE**.....

Artist/Participant

Thank you for your application.

Lis Jones Ingman, Exhibitions Coordinator, Burra Regional Art Gallery

CONTACT: lis@burra.me

0405 412 991