

Organization or Gallery Application

The Open Studio Tour promotes local artists and artisans. Artists open their studios and workspaces to exhibit and sell their art, meet visitors (some artists offer free demonstrations). The tour is a marketing opportunity for serious professionals and a supportive environment to nurture and present new talent. The Open Studio Tour is a project of The Arts & Cultural Alliance of Windsor Essex County, a non-profit membership organization serving the needs of professional artists.

* Required

1. Email address *

2. Organization or Gallery Name *

3. Contact person Name *

First and Last name

4. Address *

Include City, Province, and Postal code

5. Email Address *

6. Contact phone number

7. Website Address

8. Why do you want to participate in the WEAOST? (Select as many that apply to you)

Check all that apply.

- To sell your work
- To get commissioned work
- To create awareness of your work
- To support the art industry
- Other: _____

Images and Bio

Please send a short bio and attach between 3 and 10 images of your work along with your application. These can be sent as an attachment or in the body of an email to asaphmaurer@gmail.com

Disclaimer

DISCLAIMER

I hereby permit the 2019 Windsor Essex Open Studio Tour and The Arts & Cultural Alliance of Windsor Essex County to use the images and information I have submitted as part of this application to promote the Artist Studio Tour in print, on social media, websites and in the brochure. I understand and agree to the requirements for participating in the 2019 Studio Tour and, as a participating artist, I agree to hold harmless the Arts & Cultural Alliance of Windsor Essex County, its Executive Director, its Board of Directors and the Artist Studio Tour volunteers against all losses, damages, and liabilities suffered or incurred during or in connection with the 2019 Open Studio Tour. I understand that failure to meet the requirements of the Tour may jeopardize my participation in the Tour.

Application is final upon receipt of payment.

Artist/Organization Representative Signature (type name if applying online)

Date _____

For more information please contact:

Asaph Maurer 226-260-9495 asaphmaurer@gmail.com
Katrina Rutter 226-674-4777 paintbynumbers@rocketmail.com

9. Signature for online application

Send me a copy of my responses.