



ARTIST IN RESIDENCE APPLICATION

Return Completed Application to:

Art League of Ocean City, Inc., P.O. Box 3503, Ocean City, MD 21843
Attention: Katie Brown, Gallery Manager

This is an application for use and is not a permit of use. No guarantee of availability is made or implied by the acceptance of the application. Any misrepresentation in this application or deviation from the final agreed upon method of operation described herein may result in the immediate revocation of the facility use application approval.

Please also provide a bio/artist statement and portfolio of work samples for review with the Application. Upon approval of the application and prior to occupying the studio, you must sign the ALOC's Artist in Residence Agreement and pay the residence fee to the ALOC.

Name: _____

Primary Address: _____

Phone (Home): _____

Phone (Cell): _____

E-mail Address: _____

Studio Requested: _____ **Month(s) Requested:** _____

Medium: _____ **Size range:** _____

Price range: _____ **Website:** _____

Please describe studio use, including equipment/furnishings either needed or supplied by artist:

Signature _____ **Date** _____

FOR OFFICE USE ONLY:

Application Approved _____ *Date* _____

Month(s) Assigned _____ *Rental Fee* _____