

SIMI VALLEY TOWN CENTER



Fine Art Show

First Saturday of each month, 2010.

Artist Name _____

Contact Person _____

Phone # _____ Fax # _____

E-Mail Address _____

Address _____

City _____ State _____ Zip Code _____

What is the Best Way to Contact You: E-mail _____ Phone _____ Snail Mail _____

Description of Art Display (please include pictures of artwork) _____

(Cost is \$35 per show or \$150 for 6 months consecutive shows. Please make checks payable to Simi Valley Town Center, 1555 Simi Town Center Way, Ste 201, Simi Valley, Ca. 93065).

Terms and Conditions: By signing this application, I understand and agree that I am entering my work and participating in this event voluntarily and at my own risk. I acknowledge that I am responsible for providing my own insurance against damage, theft or loss of the work I enter. I hereby release the Simi Valley Town Center, its agents, employees, and certified volunteers from any claims, liabilities, damages, theft or any loss that may arise from my participation in this event.

Date _____ Signature _____