



# DEAFESTIVAL – KENTUCKY

**Application for Studio Artist Venue**  
**Horse Cave, Kentucky - September 4, 2010**

The Elizabeth “Cookie” Williams Gallery will be set up in the Thomas House beside the Kentucky Repetory Theatre in downtown Horse Cave, Kentucky. Each 10’ by 10’ booth includes one (1) draped 6’ table, two (2) chairs, backdrop or lattice and one (1) booth identification sign.

Interested Studio Artists must complete this application **prior to the July 1, 2010 deadline**. Studio space is assigned based on submission date, uniqueness and diversity of exhibit, with a completed application.

<b>DEADLINE July 16, 2010</b>	<b>Studio Set-Up</b>	<b>Studio Hours</b>	<b>Studio Breakdown</b>
Completed application plus; Photos of work or URL; and Short bio of artist.	Friday 9/3/10 11a.m. - 4 p.m. CST	Saturday 9/4/10 10 a.m. - 6 p.m. CST	Saturday 9/4/10 6 p.m. - 7 p.m. CST

*Electricity is available at each Studio space*

**Please PRINT clearly:**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
 Home ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ VP \_\_\_\_\_  
 Email Address(es) (Include a pager address if you have one): \_\_\_\_\_

Name of person(s) at the booth other than yourself: \_\_\_\_\_

### SHORT BIO

Please include a short bio of yourself as well as a photo of your work: \_\_\_\_\_

### STUDIO IDENTIFICATION SIGNAGE:

Print the information exactly as you wish it to appear on the Studio identification signage:

**NAME:** \_\_\_\_\_ **Artwork Description:** \_\_\_\_\_

### VISUAL ARTIST GALLERY AGREEMENT:

The undersigned hereby applies for studio space with DeafFestival-Kentucky on September 4, 2010. We understand and agree to the above rules. This application becomes the contract when accepted and signed by the DeafFestival-Kentucky Coordinator. A copy will be returned to you with your confirmation letter by July 30, 2010.

### Cancellation of Visual Artist Gallery Contract:

Visual Artists that wish to cancel this contract must notify KCDHH in writing prior to August 6, 2010.

\_\_\_\_\_  
(Signature of Studio Artist)

\_\_\_\_\_  
(Date)

DeafFestival-Kentucky Signature \_\_\_\_\_ Date: \_\_\_\_\_ Studio # \_\_\_\_\_

Mail completed application to:

**KCD**  
**P.O. Box 618**  
**Frankfort, KY 40601**

For more information go to: <http://www.deafestival.org>