



Proposal Questionnaire 2016/2017

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Website (optional): _____

Medium: _____

Dates Available: _____

Tell us about yourself/art:

What is your vision for your Swirl Bakery Cafe show? What about your art works well with Swirl Bakery Cafe as a venue?

What are the approximate sizes of your work? Will you have enough to fill our space?

Check off list:

- Questionnaire
- Artist biography/resume
- Pictures- attachment or CD