

Pine Rest Christian Mental Health Services
Postma Center for Worship & Education
Bruce & Mary Leep Art Gallery Application

Contact Information

Name:

Address:

City/State/Zip:

Phone:

Email:

Website:

Art Information

Type/medium of art for display:

Number of artists in show:

Single

Group (list other artists):

o Name: _____

o Name: _____

o Name: _____

Available for show:

Anytime upon request

Now until this date: _____ (mm/dd/yy)

Starting after this date:

Number of pieces available (wall space available for 20+ pieces):

Additional Information

Artist wishing to apply for consideration in the gallery will need to meet three of the four following criteria:

- Current gallery representation: _
- Participation and acceptance in one or more juried art competition
- One or more non-gallery art showing:
- Have 18 or more pieces available to show

Please include:

Website link or attached electronic photos

My art work supports the mission of Pine Rest and is suitable for all audiences visiting the Postma Center:

Signature _____

Date _____

Please return to Juli Haga, Pine Rest Postma Center, 300 68th Street SE, Grand Rapids, MI 49548

Email: JULI.HAGA@pinerest.org. Fax: 616.455.3678.

Mission Statement: *Pine Rest Christian Mental Health Services is called to express the healing ministry of Jesus Christ by providing behavioral health services with professional excellence, Christian integrity, and compassion. This does not imply nor encourage works to be overtly religious.*