



Gallery Inquiry Form

Teacher/Inquirer Name: _____

Phone Number: _____ Email Address: _____

Name of School/Organization: _____

Approx. Number of Submissions: _____ Grades of Students: _____

Dates/Months Interested in for Exhibition: _____

Project Title: _____

Project/Artwork Description: _____

**If possible, please attach some examples of the artwork to be exhibited in our gallery. An Eg² representative will contact you with specific gallery dates, drop-off and pick-up instructions, and our gallery policy.*

Thank you for your interest!