



Application to participate in the 3<sup>rd</sup> Annual  
**Upper Bucks Artisans Studio Tour**

[www.katiestauffer.org](http://www.katiestauffer.org) | 215-550-9244

**Saturday and Sunday November 6 and 7, 2010**  
Sat. 10-5pm, Sun. 11-4pm

Presented by  
Katie Stauffer Memorial Art Center  
In cooperation with the Upper Bucks YMCA  
Open to Artists and Fine Craft persons, living and working in Upper Bucks County PA.

**Artists Requirements**

- There is no fee to open your studio as part of the tour, but All artists are required to donate a piece of artwork (Artwork value should be no more than \$100) to the UBAST. Donated artwork will be used in a raffle to support the KSMAC.
- Artists must participate both days of the tour
- Artists are expected to provide demonstrations of your medium throughout both days of the Tour.
- If you are alone in a studio you must have sales assistance while you demonstrate.
- Please provide light refreshments and snacks for visitors during the tour

There are three ways to exhibit as part of the UBAST: Please select all that apply:

- ◇ I would like to open my studio
- ◇ I would like to be considered as a visiting artist in another participating studio
- ◇ I would like to exhibit at the UB YMCA during the studio tour  
\$50 (fee is due upon acceptance into the show). Spaces are limited and based on review.  
Please include the dimensions and a picture of your art and display with your application. Tables can be provided but artists are required to provide their own displays. Spaces are 10x10

**ARTIST INFORMATION** Artists opening their individual work studio space must be over 18.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Website: \_\_\_\_\_

**ARTWORK INFORMATION – to be included next to your name on the map and insert.**

Which of the following best describes the work you plan to exhibit? (Circle more than one if applicable.)

Painting Sculpture Drawing Printmaking Photography Multimedia Ceramic Glass  
Weaving Conceptual Art Digital Art Other (please describe)

\_\_\_\_\_

Is there anything else that you would like to tell us about your Fine Art or Craft?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Image details:** 4 images: 3 of your work and 1 of a display with your work. Please label your images with you name. Digital images on a CD or photographs, No Slides please. Please include a self addressed stamped envelope if you would like your pictures returned.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**STUDIO INFORMATION**

Studio Address where you intend to exhibit. Please include floor, apartment number, etc..

\_\_\_\_\_

Check here if you would like to host a visiting artist in your studio. \_\_\_\_\_

How much space do you have to accommodate a visiting artist? \_\_\_\_\_

Is the site accessible to the disabled?    Yes    No

Other information \_\_\_\_\_

\_\_\_\_\_

Item to be donated for the Raffle \_\_\_\_\_

*Your donation is not due until after acceptance*

**INDIVIDUAL PHOTO RELEASE (OPTIONAL)**

I, the undersigned, hereby give my permission to use photographs taken during studio tour events of myself and/or my artwork, work studio or exhibition, may be used by KSMACC to promote future Studio Tour Events, and/or to represent Studio Tour participation. I understand that my image may be used in editorial, advertising and publicity venues with or without attribution. Attribution will be made whenever possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Liability**

The Katie Stauffer Memorial Art center and the UB YMCA are not responsible for the loss or damage of works. Submission of application indicates acceptance of conditions stated above.

**Mail to:**

Katie Stauffer Memorial Art Center  
401 Fairview ave.  
Quakertown, PA 18951

**Applications should be posted marked no later than September 31, 2010**

**\*\* Applications received after August 31, 2010 may not be listed in the Tour Insert Guide\*\***