



STOUGHTON HOSPITAL GIFT SHOP JURY ARTWORK APPLICATION FORM

Name:

Address, City, State and Zip Code:

Email Address:

Best Way to Reach You:

Have you previously applied to this jury? If so, when?

Medium:

Briefly describe your working process, how you make your art, including any aspects that are not performed by you, the artist:

Please complete the following chart, listing each item separately:

Item	Artist's charge for this item	Approximately 30% will be added to your amount for final sale price in the gift shop. Please calculate this amount based on your charge and enter this amount below	Suggested final price (add your charge and 30% store markup)
	\$	\$	\$

Please list any questions or concerns you may have related to the jury process and/or Stoughton Hospital Gift Shop:

Email this application along with one or two digital pictures of your work to giftshopjury@gmail.com with "Artwork Application" followed by your name, or mail hardcopy application and picture(s) to:

**Stoughton Hospital Gift Shop
900 Ridge Street
Stoughton, WI 53589**