



**Galleria Rantakasarmi**  
**Galleri Strandkasernen**

**Application Form**

**Artist / Group of Artists:**

Name \_\_\_\_\_

In Group Application

Contact Person \_\_\_\_\_

Other Appliers \_\_\_\_\_

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

Address \_\_\_\_\_

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

Tel. / Mobile Number \_\_\_\_\_

E-mail \_\_\_\_\_

**Exhibition Time not suitable** \_\_\_\_\_

Photo Material can be used in the information and the marketing, if the application is accepted.

yes

no

**By signing this form I agree the terms of application.**

\_\_\_\_\_  
Place and Date

\_\_\_\_\_  
Signature