

MOSELBAAI KUNSRÖETE/MOSELBAY ART ROUTE

Form B

APPLICATION FORM: EXHIBITION SPACE

Reference number:

Date received:

Tuesday 16 December to Friday 19 December 2008

1. TRADING NAME/ARTIST NAME:

2. PERSONAL PARTICULARS OF APPLICANT:

- Surname and Initials :
- South African ID number:
- Postal address:

- E-mail:
- Tel (W):
- Tel (H):
- Fax :
- Cell:

3. ALTERNATIVE CONTACT PERSON:

- Surname and Initials:
- E-mail:
- Cell:

MOSSELBAAI KUNSRÖETE/MOSSELBAY ART ROUTE

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Description of Work:

Please supply a description of the art work that you will display in the exhibition space:

Please refer to conditions and information in form A.

Fax the completed application form and proof of payment of deposit to the amount of R90.00 to the event organisers:

Dinamo Enterprises

Fax: 021 913 2228

I the undersigned agree to the conditions set out by the organisers for the Mosselbaai Art Route event.

Signature:

Print Name and Surname:

Date:

Bank particulars: ABSA Cheque Account 4063048469
Fax completed form and proof of deposit to: 021 9132228