

# Griots' Gallery Gallery Registry Tool



Gallery Name:

Gallery Owner

First Name:

Last Name:

Gallery Director

First Name:

Last Name:

Gallery Address

Street Address:

City:

State:

Zip Code:

Mailing Address (If Different)

P.O. Box Number:

City:

State:

Zip Code:

Phone Number Including Area Code:

Email Address:

Website:

Social Media Links:

Please attach separately the following items (if you have them):

Gallery Mission Statement

Type of Art Found in your Gallery

Names and contact information of the artists you represent

Any Additional Information: