Please fill out both pages completely before printing, and signing (you may also digitally sign the document).

If you are writing your answers rather than digitally filling out this form, please do so legibly in ink.

Ε



ARTIST REGISTRATION

FIRST NAME	M.I	LAST NAME	
ADDRESS	CITY _	, ZIP	
MAILING (if different)	сіту _	, ZIP	
PHONE (HOME)	PHONE	E (CELL)	
EMAIL ADDRESS			
N T R A N T G U I D E Please read each part thoroughly; by che verified your piece(s) meet that requireme	• • •	•	
Each piece MUST be framed – pa as it complies with other requiren	•		
Hanging Hardware: Art will be hu compatible. Limited glass displays		•	
Attachment points must be within framed art hangs properly on the		e top of the frame/artwork (pleaseverify	
You are under NO obligation to so listed "for sale". Donated work is a	·	price is included, that artwork will be ciated. 501(c)(3) status.	
If you are under the age of 18 ple the form. If you require a table ple	•	rent/guardian sign off at the bottom of Guzman at 470-365-1968.	
It is understood that any artwork raternative pick-up arrangements		CLOSING HOURS detailed below (or) will be donated to the CPAC.	

SUB MISSION

ARTWORK DROP-OFF FINAL DEADLINE

Friday, March 2, 2018 located @ the CPAC

OPENING

RECEPTION

Saturday, March 10, 2018 starting promptly at 7pm

located at the CPAC

C L O S I N G PICK UP ARTWORK

DEADLINE

Saturday, April 10, 2018 located at the CPAC

Artwork Drop-Off times (alt. times can be arranged): Feb. 20th - 12-5 PM, Feb. 22nd - 12-5 PM, Feb. 23rd - 11AM-5PM, Feb. 27th- Mar. 2nd 2-5 PM

"A Night with Local Artists" Gallery at the Cedartown Performing Arts Center 205 E Avenue; Cedartown, GA 30125 (located at the Cedartown Civic Complex)

#	TITLE OF PIECE	MEDIUM	PRICE
			NFS or Donation
<u> </u>			
	TY WAIVER		
	d hold harmless the Cedartown Civic Art y and collectively, directors and staff fror		
	v in which I am submitting one or more a		
	wn Performing Arts Center, its officers, d		
ndividually for all dam	ages to or loss of the art work submitted	for the show in which I am sul	omitting one or more
	nd that it is my responsibility to provide in		
necessary. I also unde his show.	erstand that I am not required to furnish i	insurance coverage in order to	submit my pieces to
	ny of my art pieces that are not picked up	p by the time specified on Page	e 1 of this document
Will be donated to the	Cedartown Performing Arts Center.		
Signed and agreed to	by:		
SIGNA	ATURE OF ARTIST	SIGNATURE OF PARENT/GUA	ARDIAN (minors only)
	٥		
	z		
	-	NAME:	
		RELATION:	
		DATE:	
		-	
	A PROGRAM (O F T H E	
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	PERFORMING ARTS C	ENTER	
O . (7 7 0) 7 4 8 ·	- 4 1 6 8 : M . (4 7 0) 3 6 5 - 1 9	68 www.Cedartov	vnShows.com
,	ARTOWN PERFORMING		
CHECKED IN BY		DATE/TIM	E
	то	DATE/TIM	_

CEDARTOWN PERFORM ING ARTS CENTER USE ONLY