# CEDARTOWN PERFORMING ARTS CENTER (CPAC) 205 EAST AVENUE, CEDARTOWN, GA 30125

**AGREEMENT BETWEEN THE CEDARTOWN PERFORMING ARTS CENTER AND THE EXHIBITING ARTIST**

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| **EXHIBITION TITLE** | **“Winter Dreams”** |
| **LOCATION** | The Skellenger Art Gallery in The Cedartown Performing Arts Center 205 East Avenue, Cedartown, GA 30125 |
| **GALLERY PHONE** | 770-748-4168 |
| **WORK DELIVERY****DATES** | Mondays, **October 7, 14, 21, 28 & November 4**(1 – 5pm)Wednesdays, **October 9, 16, 23** (1 – 5pm)Please call Oscar at the Gallery to arrange a special pick up time. |
| **OPENING DATE** | Monday, November 18th, 2018 – Open Nov. 18th - Jan. 6th  |
| **RECEPTION DATE** | **Saturday, Nov. 23rd (O Holy Night) & Sat. Dec. 14th (Winter Dreams)****7:00 PM** |
| **CLOSING DATE** | Monday, January 6th 2020 |
| **PICK UP WORK****DATES** | **Jan. 7th - 12th** (1 -6pm) by appointment. |

**ARTIST INFORMATION (Please Print)**

|  |  |
| --- | --- |
| **NAME** |  |
| **ADDRESS** |  |
| **CITY, STATE, ZIP** |  |
| **PHONE NUMBERS** |  |
| **EMAIL ADDRESS** |  |
| **NUMBER OF PIECES** |  |

# POLICIES:

* Works shown in the gallery must be original, unpublished works to which the artist possesses common-law copyright
* Works must remain in the gallery until the end of the “**Winter Dreams ”** exhibit on **Monday Jan. 6, 2020** .
* If a work is listed for sale and the work sells, ***the gallery retains a 20% donation.*** The gallery will handle all sales.
* The Artist shall not sell any works on exhibit in this show of art created by the Artist to clients, private or public, without prior consent of the Gallery. Such sales will be ***fully commissionable to the Gallery*** at the time of payment for such sale at the rate of 20% of listed retail price.
* The Artist will receive a check once the show ends, and all work has been removed from the gallery. CPAC will print checks at request during holiday exhibits. Art sold as gifts may be given to purchaser before the end of the gallery.
* The CPAC Visual Arts Committee reserves the right to refuse works that are deemed unsafe or inappropriate
* Accepted works will be listed on the back of this sheet and any attached sheet as necessary.
* Unless the Artist requests otherwise (in writing), images may be used for the purposes of publicity in print or on the internet by CPAC

# Work not picked up within 90 days of the close of the show may be sold with all proceeds going to the CPAC.

**WAIVER:**

In consideration of participation in the exhibit and on behalf of myself, my minor children, heirs and administrators, I hereby waive and release any and all rights and claims against the City of Cedartown and the Cedartown Performing Arts Center and their agents, representatives, volunteers and successors, for damages or loss that may occur to the art works, materials, and other items placed in this exhibit.

I have read the policies listed above and agree to comply with the policies set forth.

ACCEPTED

Artist’s Signature Date

ACCEPTED

Gallery Representatives Signature Date

Cedartown Performing Arts Center Director Oscar Guzman: 770-748-4168, 470-365-1968

**GALLERY ARTIST DELIVER FORM – “Winter Dreams”**

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| --- | --- | --- | --- |
| **NAME OF ARTIST:** (Please Print) | DATE OF DELIVERY: | NUMBER OF WORKS: | GALLERY REP INITIALS: |
| **TITLE**(Please Print) | **YEAR MADE** | **MEDIUM**(Please Print) | **PRICE**(Not for sale – “NFS”) | **PICK UP DATE** | **GALLERY REP INITIALS** | **ARTIST INITIALS** |
|  |  |  |  | (internal use only) | (internal use only) | (sign @ pickup) |
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| **ARTIST SIGNATURE:** |  |

\*\*Please ensure that all artwork is ready to hang by wire\*\*

Space for artwork is limited during Winter Dreams as there will be an exhibit by Susan Waters.

This sheet is used to create the labels for your artwork so it needs to be printed and legible. Be sure to include the information for every piece submitted. Your signature confirms the number of pieces delivered and that the information is correct.

**>>> Use as many pages as needed to list ALL ITMES INDIVIDUALLY <<<**