

**CEDARTOWN PERFORMING ARTS CENTER (CPAC) 205 EAST AVENUE, CEDARTOWN, GA 30125
 AGREEMENT BETWEEN THE CEDARTOWN PERFORMING ARTS CENTER AND THE EXHIBITING ARTIST**

EXHIBITION TITLE	“Pop-up”
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	April 28th - 30th (1 - 5pm) May 3rd -5th (1-7pm) May 11th - 12th (1- 7pm) Please call Oscar at the Gallery to arrange a special drop-off time.
OPENING DATE	Saturday, May 15th, 2021 – Open Tues. - Fri. 1-6 PM & by appointment.
RECEPTION DATE	Saturday, May 15th (7 – 9pm)
CLOSING DATE	Friday, June 4th
PICK UP WORK DATES	By appointment only. Dates can be arranged with Oscar at the Gallery.

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- Works shown in the gallery must be original, unpublished works to which the artist possesses common-law copyright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 **should** remain in the gallery until the end of the “Pop-up Art” exhibit on **Fri. June 4, 2021.**
- 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
- 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.

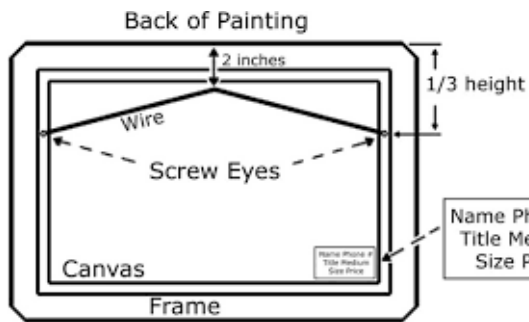
I have read the policies listed above and agree to comply with the policies set forth.

ACCEPTED _____
 Artist’s Signature Date

ACCEPTED _____
 Gallery Representatives Signature Date

GALLERY ARTIST DELIVER FORM – “Pop-up”

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



***Please ensure that all artwork is ready to hang by wire.**
Art must have proper wiring for hanging. (Rear Label required)**

ARTIST SIGNATURE:

This sheet is used to create the labels for your artwork so it needs to be **printed or 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 ITEMS INDIVIDUALLY <<<