

**ACCDC Art on the Square/ Fine Arts Gallery
Exhibitor Form**

(Please Print Clearly)

Last Name: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Please check the appropriate boxes:

- I am an artist , media _____
- I am a photographer

Exhibitor Classification

Please select the appropriate exhibitor classification. We do need volunteers to operate the gallery.

Working Exhibitor: An artist who takes a monthly turn staffing the Gallery one day month for 4 ½ hours. Sign up is before the 21st day of the previous month. This Exhibitor will pay a monthly rent of \$20.00 and pays no commission to the Gallery on original artwork sold through the Gallery.

Exhibitor Only: An artist who only exhibits at the Gallery and is unable to help staff the gallery on a monthly basis. This Exhibitor will pay a monthly rent of \$40.00 and pays no commission to the Gallery on original work sold through the Gallery.

I wish to be classified as (select only one)

- Working Exhibitor
- Exhibitor Only

- As a **Working Exhibitor** I have included 6 month's space rental of \$20/month payable to ACCDC or
- As an **Exhibitor Only** I have included 6 month's space rental of \$40/month payable to ACCDC.

Signed _____ Date: _____

Thank you for joining our group. We hope it will be mutually beneficial to everyone.

**Art on the Square Fine Art Gallery
Exhibition Inventory Information**

Artist: _____

Address: _____

Phone: _____ Date: _____

E-Mail: _____

Title	Medium	Size	Price	Note

The Gallery will take reasonable precautions to safeguard you artwork, however we will not be responsible for loss or damage to your artwork. Artwork displayed in the gallery shall indicate the artist's agreement with the above conditions.

Artist
signature _____ Date _____