

Be Still

Exhibition dates: September 17 – October 30, 2016

Non-exhibited Art Pick-up: Saturday, Sept. 17, 3:30-4:00 pm

Exhibited Art Pick-up: Wednesday, November 2, 5.30 – 7pm OR

Saturday, November 5, 9.30am - noon

Thank you for submitting your artwork for consideration for this juried exhibition! The purpose of every exhibit is to enhance the aesthetic environment at Grace Chapel and to celebrate the artists' creative and artistic talents. Selected pieces will be exhibited in *The Art Gallery* at Grace Chapel, which is the space adjacent to the west entrance to our *Crossroads Café*.

Artist Name (please print): _____

Address: _____ email: _____

City, State, Zip: _____ Phone (_____) _____ - _____

Title: _____ Medium: _____

Thank you for your \$5 donation per piece submitted. A receipt is available upon registration.

Artists will be notified by email if their artwork is not juried in by Wednesday, September 14, 2016

The Gallery is housed in a common and unsecured area of our church building. Anyone is welcome and able to view the exhibits whenever the church building is open. Our insurance coverage will not cover any loss or damage to your piece. By loaning us your work, you agree to release Grace Chapel from any and all liability associated with any loss or damage to your artwork left in our custody. All artwork shall remain in the exhibit for the entire duration of the exhibit (dates noted above).

Artist Signature: _____ **Date:** _____

No submitted artwork is to be sold at Grace Chapel. However, artist contact information will be made available during the exhibit should an individual have interest in purchasing a piece after the exhibit is over, and once the piece has been returned to the artist. No pricing information will be displayed or disclosed by Grace Chapel. Pricing of available pieces will only be disclosed when an interested party contacts the artist directly.

Circle ONE: YES, piece IS for sale NO, piece IS NOT for sale

If YES: How would you like prospective buyers to contact you: email address or phone number)
Please list preference below. (*Listing your home address is not recommended.*)

Artist Contact Information for Art Gallery brochure: _____
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**This section is to be completed upon pick-up of artwork.**

Artist Signature acknowledging return of artwork: \_\_\_\_\_

Date: \_\_\_\_\_