CENTER ON THE SQUARE ART SHOW APPLICATION

THE ART SHOW IS MANAGED AND CURATED ENTIRELY BY A COMMITTEE OF VOLUNTEERS

PRINT ALL INFORMATION CLEARLY

FIRST NAME:	_ LAST NAME
EMAIL:	TEL #
Circle your Center affiliation: Independence Pla	za / Westbeth / Center on the Square / Our Lady of Pompeii
	All art must be ready to hang or display and must
be in good condition. Size and weight wil	l be taken into consideration. We reserve the right
to reject any art especially those that are	rolled, too big, too heavy or unsafe to hang/display
PIECE 1 SIZE PIE	Prawing, Sculpture, Photography, Ceramic, Craftwork CE 1 MEDIUM
PIECE 2 SIZE PIEC	awing, Sculpture, Photography, Ceramic, Craftwork CE 2 MEDIUM
	artwork(s) attached to this application. A computer
print is acceptable.	

Things to consider if your artwork(s) is selected for the art show:

- Artwork(s) must be delivered on <u>June 24th or 25th</u> only between <u>11:00 am and 3:00 pm</u> to the Center on the Square, 20 Washington Square North between MacDougal and 5th Avenue.
- Artwork(s) must be picked up on either <u>Oct. 1st and 2nd only between 11:00 am and 3:00 pm.</u> There is no room to store any artwork. You must pick it up on one of the two days listed.
- A Waiver of Liability form must be signed to participate in the art show (see the reverse side).
- There is NO provision for security for the art exhibition during the show or at any other times.
- For any inquiries, please contact either your Center Director or Assistant Director.

Please check: I have read and understand the above conditions as outlined in the application.

Signature _____

Date: _____

THE APPLICATION DEADLINE IS JUNE 7TH

SUBMIT COMPLETED APPLICATIONS TO THE CENTER ON THE SQUARE, 20 WASHINGTON SQ. NORTH ONLY. PLACE THE COMPLETED ART SHOW APPLICATION IN THE BIN ATTACHED TO DONNA'S OFFICE DOOR

CENTER ON THE SQUARE ART SHOW WAIVER OF LIABILITY

This form must be completed to participate in the art show

If my artwork(s) has been selected to be displayed as part of the art show, I will not hold the Center on the Square Older Adult Center or the volunteer art committee members liable for any loss or damage to my artwork(s) for the duration of the art show including the: artwork drop off, installation, exhibition, dismantling of the exhibition and artwork pick up.

Please check: I have read and agree to the above Waiver of Liability.

Please check: I agree to display my artwork for the duration of the art show.

First name: ______ Last name: ______

Signature:_____Date:_____Date:_____

DO NOT COMPLETE BELOW / ART COMMITTEE USE ONLY

Art Accepted by: _____ Date: _____

Number of pieces submitted ______

Art Returned by: _____ Date: _____

Number of pieces returned ______

Please check: My artwork(s) has been returned to me

Artist signature:

Date: