## Highlighted Areas to be Completed by Gallery Contact

Artist Signature



[]	Main Gallery				
[]	Members' Gallery				
[]	Other				

## Cedar Key Arts Center EXHIBIT CONTRACT

Exhibit Title:		Exhibit Opening Date:			
Artist Name:		Phone #:			
Address:		City:	State:	Zip:	
Email:		SS#:	(r	equired to issue payment)	
GALLERY CONTACT:		Phone:	Email:		
PLANNING DATES:		OPE	NING RECEPTION:	(5-7pm)	
Delivery Date:	_ Hanging Date:	Take Do	wn Date: P	ick-Up Date:	
<ul> <li>75% of the sale price subsequently because above ~ 15<sup>th</sup> of the m</li> <li>All 2D art must be de</li> <li>A minimum of 3 week assigned Gallery Com         <ul> <li>Completed Gallery Com</li> <li>Numbering all Price/or NFS (Cards and by Cards and</li></ul></li></ul>	of items should be for goes to the artist and a cof the exhibit goes to onth following the exhibitered framed and reads prior to hanging dat mittee Contact (electrollery Contract litems and providing a Excel or Word Docume the Cedar Keyhole to pief biography and/or a see is responsible for had bonsible for publicity in acebook page, annour of the I additional mailing (provide an address lister to the contact of the contact	25% of the sale parts Center. Consibit. If total inconsibit. If total inconsidy to be hung. e, the artist is resonically, by mail, in inventory list are the preferred). The process and assuratist statement. In the facements in the facements in the facements in the facements upon the facements of members upon the facements in the facements upon the facements upo	that includes Item #, Time Inventory List is used e proper payment for stand preparing exhibit wspapers, flyers around arts Center newsletter esired, the artist is response.	ailed to the address 39 will be issued.  the following to the  tle or Description, and d to make the Display sold items.  cards. d the community, Arts and monthly consible for all costs.	
	Date:			Date:	

Gallery Committee Member