

JEFFERSON CENTER FOR THE ARTS VISUAL ARTIST AGREEMENT

Jefferson Center for the Arts (JCA) is a CA 401 c-3 non-profit corporation located at 1124 Pine Grove Drive, Mt Shasta CA 96067. The JCA provides gallery space and retail opportunities for local artists in Siskiyou County and beyond.



Show: _____ Date: _____

Artist Name: _____

Phone: _____ Email: _____

Mailing address: _____

Memorandum of Understanding

I understand that the Jefferson Center for the Arts (JCA) does not provide insurance. I assume all responsibility for any insurance coverage needed. The JCA holds no responsibility to the damage, theft or loss of the art.

I understand and agree to the terms of sale. **Artist shall receive 60% of sales** from each of their works.

Jefferson Center for the Arts will keep 40%. Artists will be paid within 30 days of sale.

I give _____ I do not give _____ my permission for my artwork to be photographed and displayed on the JCA website (www.jeffersoncenterforthearts.com), as well as possibly used in local media for public relations and promotion.

I agree to pick up my artwork after the show on Tuesday September 8th between 9am and 12pm. Alternatively, I may pick up my art immediately after the show at 9pm on Monday September 7th.

Artist's Signature: _____

Submission Instructions

- Artists may submit up to **four pieces** for a **\$10 entry fee per piece**. Artists under 18 years old may submit their art for **free** to be displayed in the Young People's Art section of the exhibit.
- Each piece must be ready to display with appropriate hanging wire, easel or other means to exhibit your work. Any special lighting must be provided by the artist.
- Art must be delivered on Friday August 21st or Saturday August 22nd between the hours of 12pm and 3pm.
- Please print and fill out the following inventory form and the cut-out forms for each piece. Attach cut-outs to the back of each piece.

JCA Volunteer initials who accepted work: _____ *Payment (cash/check/):* _____

SHOW: _____ DATE: _____

ARTIST: _____

Inventory:

Title	Medium	Price

Artist Labels



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title: _____

Media: _____

Size: _____ Price: _____

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Title: _____
Media: _____
Size: _____ Price: _____

✂ _____

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Title: _____
Media: _____
Size: _____ Price: _____

✂ _____

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Title: _____
Media: _____
Size: _____ Price: _____