



Fall Art Show & Sale Entry Registration

Theme: NO THEME

Complete and return *this page* with fee no later than **Friday, September 8, 2017**.
Cheque or money order made out to Oliver Community Arts Council, P.O. Box 1711, Oliver, B.C. VoH 1T0

ENTRY INFORMATION To be completed by ARTIST. One form per entry. PLEASE PRINT.

ARTIST NAME: _____ CATEGORY (circle): 1 2 3 4 5 6 7 8 9

TITLE: _____ LIST ALL MEDIA USED on the reverse of this form.

Dimensions: 2-D art: H _____" x W _____" total framed dimensions 3-D art: H _____" x W _____" x D _____" (weight under 40 lbs)

Indicate if entry is: diptych, triptych, or needing special display requirements: _____

Indicate if submitting an artist bio, statement or explanation with artwork: YES _____ NO _____

Artwork: For SALE \$ _____ For SHOW ONLY - insured value \$ _____ Entry not accepted without price or value

Your mailing address: _____ City/Postal code: _____

Phone #(s): _____ Email: _____

My signature indicates my understanding and agreement with the TERMS OF ENTRY and SHOW GUIDELINES and a declaration that my entry is an original work of entirely my own creation or statement of recognition if related to work by another artist.

Signature: _____ Date: _____

Entry Fee Paid: OCAC Individual Member NON- OCAC Individual Member Emerging Artist Budding Artist
(CIRCLE ONE) #1: \$20.00 #2: \$15.00 \$25.00 per pc Age 13 - 18 \$10.00 Age 12 & under FREE

Delivery: Saturday September 30. See Terms & Guidelines for time. You will receive the PICKUP TICKET below as your receipt.

I am available to volunteer: Saturday afternoon _____ Saturday evening _____ Sunday _____ Anytime _____

SALE TICKET To be completed by OCAC – RETURN TO TREASURER

OCAC Initial

Catalogue #: _____ Title: _____ Artist: _____

Sold to: _____ \$ _____ circle Cash / Cheque / Credit Card

Address: _____ Email: _____ Phone: _____

Special pickup instructions: pickup by: Artist / Purchaser / Other: _____

\$ _____ \$ _____
30% OCAC commission Balance to artist Commission to be mailed to artist's address or note here a new mailing address

PICKUP TICKET To be completed by ARTIST. TICKET MUST BE PRESENTED AT PICKUP.

CATEGORY (circle one) : 1 2 3 4 5 6 7 8 9 _____ Catalogue #: _____

Title: _____ Artist: _____

OCAC Initial

Besides myself, I authorize only the person named below to act as my agent at pickup:

Name _____: _____ Phone: _____

No artwork will be released to person(s) not named on this pickup ticket.

Pickup Location: Oliver Community Centre – NORTH Entrance Date: Sunday, October 1, 2017 Time (circle): 5:15 OR 5:30
Unclaimed artwork will be charged a storage fee of \$10.00 per day to a maximum of 7 days,
after which time artwork will be disposed of at the discretion of the OCAC.

