

Cullompton Arts House

EXHIBITOR ARTWORK SUBMISSION FORM

SPRING Exhibition 09 - 13 APRIL 2020

www.cullomptonartshouse.org

Registered Charity No. 1163789

 Cullompton Arts House Group

EXHIBITOR CONTACT INFORMATION

Name:

Address:

Telephone: Home: Mobile:

Email:

ARTWORK TO BE EXHIBITED

1. TITLE OF WORK:

Media Used:

Original / Reproduction (If appropriate, please indicate whether Original or Reproduction)

Please note any special display requirements, including measurements for OUTSIZE works:

SALE PRICE (incl. 15% Commission):

Amount to Artist:

Amount to CAH (15%):

2. TITLE OF WORK:

Media Used:

Original / Reproduction (If appropriate, please indicate whether Original or Reproduction)

Please note any special display requirements, including measurements for OUTSIZE works:

SALE PRICE (incl. 15% Commission):

Amount to Artist:

Amount to CAH (15%):

3. TITLE OF WORK:

Media Used:

Original / Reproduction (If appropriate, please indicate whether Original or Reproduction)

Please note any special display requirements, including measurements for OUTSIZE works:

SALE PRICE (incl. 15% Commission):

Amount to Artist:

Amount to CAH (15%):

RESERVED FOR FRIENDS OF CULLOMPTON ARTS HOUSE ONLY

4. TITLE OF WORK:

Media Used:

Original / Reproduction (If appropriate, please indicate whether Original or Reproduction)

Please note any special display requirements, including measurements for OUTSIZE works:

SALE PRICE (incl. 15% Commission):

Amount to Artist:

Amount to CAH (15%):

ADDITIONAL ITEMS FOR SALE (Greetings cards/Post cards/Unframed pieces; Jewellery; or Other small craft items): These MUST be individually priced for display.

Please list all additional works, including the number of each item and the SALE price (incl. 25% Commission):

Continue on a separate sheet if needed

Please Note: We are not always able to guarantee to exhibit all pieces submitted to us, therefore please list your work in order of display priority. Artwork should ideally not have been exhibited with us previously (Excludes additional items). Please refer to the Exhibitor Guidance for full instructions and requirements.

WE RESERVE THE RIGHT NOT TO EXHIBIT ALL SUBMISSIONS

DECLARATION

NOTE: By signing this form, you confirm that you have read and understood the 'Exhibitor Guidance' and acknowledge your agreement to comply with the requirements for exhibiting.

I DO wish to be a Friend of Cullompton Arts House, and include my £10 annual subscription fee. (Please also tick this box if you wish to RENEW your annual Friendship and continue to take advantage of the additional benefits available).

I DO NOT consent to my personal contact details being shared with exhibition stewards in case they need to contact me (eg. sales enquiry).

Exhibitor Signature:

Date:

Please confirm the total amount payable:

Selected method of payment: Cash / Cheque / BACS / Other , specify: _____

PAYMENT DETAILS:

Payable to: CULLOMPTON ARTS HOUSE

Bank: Co-Operative Bank

Sort Code: 08-92-99

Account No.: 65780239

PLEASE RETURN THIS FORM VIA EMAIL TO INFO@CULLOMPTONARTSHOUSE.ORG OR BY POST TO: CAH Autumn Exhibition, c/o 5 Luxton Court, Cockpit Hill, Cullompton, EX15 1FJ.

DUE DATE FOR COMPLETED SUBMISSION FORM AND PAYMENT: 27 MARCH 2020

Cullompton Arts House Spring Exhibition 2020

ARTWORK DELIVERY SESSION

Dear Exhibitor,

Please confirm which ONE artwork 'check-in' session you plan to attend to deliver your artwork (select one):

| Day | Date | Time | Attending |
|----------|-------------|---------------|--------------------------|
| Saturday | 04-Apr-2020 | 14:00 - 16:00 | <input type="checkbox"/> |
| Sunday | 05-Apr-2020 | 11:00 - 13:00 | <input type="checkbox"/> |

If you are unable to attend either session, please contact us to discuss options.

Artwork should be delivered to: The Exhibition Venue (5 Fore Street, Cullompton, EX15 1JW)

Please complete and return this form with your submission form, by 27-Mar-2020.
info@cullomptonartshouse.org

Cullompton Arts House Spring Exhibition 2020

STEWARDED AVAILABILITY

Dear Exhibitor,

Please indicate **ALL SESSIONS** that you are available to steward. (All exhibitors are expected to offer at least ONE session).

Once we have collated availability from all exhibitors, we will confirm the sessions you will be stewarding (prior to the start of the exhibition).

| Day | Date | Time Slot | Available |
|----------|-------------|---------------------------|--------------------------|
| Thursday | 09-Apr-2020 | Morning (10:00 - 13:00) | <input type="checkbox"/> |
| | | Afternoon (13:00 - 16:00) | <input type="checkbox"/> |
| Friday | 10-Apr-2020 | Morning (10:00 - 13:00) | <input type="checkbox"/> |
| | | Afternoon (13:00 - 16:00) | <input type="checkbox"/> |
| Saturday | 11-Apr-2020 | Morning (10:00 - 13:00) | <input type="checkbox"/> |
| | | Afternoon (13:00 - 16:00) | <input type="checkbox"/> |
| Sunday | 12-Apr-2020 | Morning (10:00 - 13:00) | <input type="checkbox"/> |
| | | Afternoon (13:00 - 16:00) | <input type="checkbox"/> |
| Monday | 13-Apr-2020 | Morning (10:00 - 13:00) | <input type="checkbox"/> |
| | | Afternoon (13:00 - 16:00) | <input type="checkbox"/> |

Please complete and return this form with your submission form, by 27-Mar-2020.
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