

Chester County Art Association

Group Exhibition Contract: May 2024

100 N Bradford Ave.
West Chester, PA 19382
610-696-5600



Artist Name (PLEASE PRINT): _____

Title of Show: View: Experience the Art of the Chester County Studio Tour

Show Dates: May 8 - June 3, 2024

Intake Dates: May 3 & 4 ; 11a-4

Remove Work: June 4, 2024 ; 11a-4p

Reception Date: May 9, 2024 ; 5p-7p

REQUIREMENTS

- Group show participants are encouraged to become members of CCAA
- All artwork must have been created in the last 3 years and not previously shown at CCAA unless staff or Exhibition Coordinator approves exception.
- Positioning of your artwork within the gallery is at the discretion of staff and the Exhibition Coordinator
- Understanding that classes/workshops and events are occasionally held in the galleries
- All artwork must be framed, wired, and ready to hang (no saw tooth hangers). 3-D work should be safe and stable. CCAA reserves the right to determine what is exhibition ready.
- All artwork must be labeled with a CCAA exhibition label as well as be clearly listed on the following inventory page.
- Exhibition curator is responsible for providing exhibition wall tags.
- All artwork must remain for the duration of the show, unless otherwise noted by staff or Exhibition Coordinator
- All artwork must be picked up on the agreed upon date at the end of the show unless otherwise arranged prior to pick up date. **Artwork NOT picked up within 14 days of date to remove work becomes property of CCAA.**
- Artist will provide a high resolution JPG image for web promotions (E-blasts and social media)
- An opening reception will be hosted by CCAA. Light refreshments will be served.
- Group has the option of scheduling a gallery talk in addition to the opening reception.

SALES & LIABILITY

- Artwork is insured by CCAA while it is on the property (not in transport).
- All artwork must have a price or be marked NFS.
- CCAA will retain a commission of 40% on all sales.
- CCAA assumes no responsibility for damage of artwork unrelated to our own handling.

By signing, said artist agrees to adhere to all provisions stated in this contract.

ARTIST SIGNATURE _____ DATE _____

PHONE: _____

EMAIL: _____

Address: _____

Contact: Laurie Moran; LMoran@chestercountyarts.org

Complete other side

Inventory List

Title:

Medium:

Price: