

Art on Rotation Gallery Application
(for you to fill out and return to Gallery as soon as possible)

Please fill out this form and return it to the Art On Rotation Gallery along with at least three pictures of your artwork. These pictures may be slides, photos, or digital images sent by e-mail or on a CD. Note that provided materials will not be returned. Once the completed applications are reviewed, the gallery coordinator, Sheryll Collins, will contact you for an interview. At the interview, you will be asked to bring one finished piece to show the coordinator. Your application, artwork and artist biography will be reviewed with you and final arrangements will be made for your show's dates and location.

Due to space constraints, there is a limit of how many pieces can be included in your show. The coordinator will discuss this with you

Applicant/Artist Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Web site: _____

Medium (s): _____

Previous Shows: _____

How you heard of us: _____

Release:

For consideration, I, the undersigned, release and absolve the Art on Rotation Gallery, Sheryll Collins, _____ and its owners and successors from responsibility for any damage or loss of artwork exhibited in the Art on Rotation Gallery at _____. I understand my responsibilities for proper framing of my artwork and will make all reasonable efforts to meet the Art on Rotation Gallery exhibition criteria set forth by the Art on Rotation Gallery and the Gallery Coordinator. The fee of 1% of sales to _____ and 14% of sales to Sheryll Collins of the Art on Rotation Gallery will be assessed at the time of sale of any of my artwork being exhibited at the Gallery. *I hereby grant the Art on Rotation Gallery permission to reproduce my accepted images to help publicize the gallery and/or artist show in local newspapers, all exhibition-related publications and the Art On Rotation Gallery web site.*

Applicant/Artist Signature: _____

Print name: _____

Date: _____

For more information, please contact the gallery coordinator, Sheryll Collins, at 978-549-5822. Completed forms should be mailed to: Sheryll Collins, P. O. Box 262, Clinton, MA, 01510, or e-mailed to: artrotationgallery@gmail.com

Art On Rotation Gallery Art Show Identification Tags
(for you to fill out, cut out and tape to back of artwork prior to show):

Name: _____ Phone: _____ Title: _____ Price: _____ Entry #: _____	Name: _____ Phone: _____ Title: _____ Price: _____ Entry #: _____	Name: _____ Phone: _____ Title: _____ Price: _____ Entry #: _____
Name: _____ Phone: _____ Title: _____ Price: _____ Entry #: _____	Name: _____ Phone: _____ Title: _____ Price: _____ Entry #: _____	Name: _____ Phone: _____ Title: _____ Price: _____ Entry #: _____
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artrotationgallery@gmail.com

Art On Rotation Gallery Art Show Labels

(for you to fill out prior to show; please fill out neatly; these will hang on the wall next to your art):

Title: _____ Artist: _____ Price: Original: _____ Print: _____	Title: _____ Artist: _____ Price: Original: _____ Print: _____	Title: _____ Artist: _____ Price: Original: _____ Print: _____
Title: _____ Artist: _____ Price: Original: _____ Print: _____	Title: _____ Artist: _____ Price: Original: _____ Print: _____	Title: _____ Artist: _____ Price: Original: _____ Print: _____
Title: _____ Artist: _____ Price: Original: _____ Print: _____	Title: _____ Artist: _____ Price: Original: _____ Print: _____	Title: _____ Artist: _____ Price: Original: _____ Print: _____

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artrotationgallery@gmail.com

**Art On Rotation Gallery Art Show
Submitted Works List (fill out and give to Gallery prior to show):**

Artist: _____

Entry #	Title	Medium	Size	Original Price	Print Price

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artrotationgallery@gmail.com

Art On Rotation Gallery Art Show Submitted Works List
(artist copy; keep this for your records):

Entry #	Title	Medium	Size	Original Price	Print Price