

Art Intake Form - Please PRINT very clearly. Use additional forms as necessary.



Artist Name: _____ Date: _____

Company Name: _____ Are you an ACCC Member: _____

Email: _____ Is your online Directory Listing complete?: _____

Address: _____ Phone: _____

Please check box to agree to following statements:

Notes for coordinator:

- I agree to pay ACCC Commission of 40% for exhibits and retail gift shop.
- I agree to pay ACCC Commission of 30% for the Holiday Show.
- I have read and agree to the Gallery Standard Categories and Requirements. (on our website)

I am submitting my work for display and sale for (check one):

- Exhibit Name:
- Holiday Show
- Retail Gift Shop (ongoing)

Please make sure that your Item #, Abbreviated Title and Retail Price is on your Label. We will use the info below to enter into Square. Price Tags and Square must match so Volunteers can sell your work.

Item # is your first and last initial, then abbreviated Title/Description of your work. Item # and Price must be on the label of your work and match this form.

Item #	Title/Description	Category	Qty	Retail Price	For Wall Hangings Only Size in Inches			Removed
					Height	Width	Depth	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								