



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

Artist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ ACCC Member: Yes No

Email: \_\_\_\_\_

*Please check box to agree to following statements:*

*Notes for coordinator:*

<input type="checkbox"/>	I agree to pay ACCC commission of 40% for all sales (30% for volunteers who work 2 shifts during month of sale and 20% for board members)			
<input type="checkbox"/>	I have read and agree to the Gallery Standards & Requirements (on website)			
<input type="checkbox"/>	I agree to not hold the ACCC liable for any accidental loss, damage etc. that may occur while work is in the hands of the ACCC			
<i>I am submitting my work for display and sale for</i>				
<input type="checkbox"/>	Exhibit Name:			
<input type="checkbox"/>	I agree to allow ACCC to display this work at the Carver County Libraries	<b>OR</b>	<input type="checkbox"/>	I DO NOT want to display my work at the Carver County Libraries

*Item # is your first and last initial, then an abbreviated title/description of your work. Please make sure that your Item #, Abbreviated Title, and Retail Price are all on the label you attach to your artwork. We will use the info below to enter into Square. Labels, information below, and Square must all match so Volunteers can sell your work. If your initials are already in use, we will assign you a 3-letter identifier.*

*For wall hangings only (in inches).*

Item #	Title/Description	Qty	Retail Price	Height	Width	Length
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						