



COTUIT CENTER
FOR THE ARTS

PO Box 2042
4404 Falmouth Rd.
Cotuit MA 02635
508-428-0669
info@cotuitcenterforthearts.org

CCftA use only:	<input type="checkbox"/> A	<input type="checkbox"/> D
Fee \$_____	received by: _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit
_____ of _____ works submitted		

Exhibit Name: *Impossible Dream*

Exhibit Dates: June 16 – July 29

Entry Fee: \$15 per work (non-member) \$10 per work (member)

Artist's Name: _____

E-Mail: _____

Phone: _____

Mailing Address: _____

I prefer to be contacted via: Phone EMail

Title of Work: _____

Medium: _____

Artist agrees to offer the work for sale, Sale Price: \$_____

Artist requests work not be offered for sale, Insurance Value \$_____

Artist agrees that Cotuit Center for the Arts will receive 40% of the sale price and will pay the artist 60% of the sale price. Fee to be paid within 2 weeks after conclusion of exhibit. A completed IRS Form W-9 will be required for payment to be processed.

Artist agrees that accepted work will remain on display at CCftA for the FULL duration of the exhibit.

The pick-up date for exhibited work is: Monday, July 30, 10am – 4pm.

Works selected for the exhibition will be posted at artsonthecape.org by Wednesday, June 13. If your work is not selected, you must pick it up by Friday, June 15. We are open from 10am – 4pm.

Cotuit Center for the Arts agrees that by taking possession of the above described artwork we will take reasonable care to return it in the same condition as when received. CCftA will not be / is not responsible for any materials, or lost, stolen, or damaged artwork while being exhibited or in the care, custody, and control of CCftA. This contract is terminated upon return of the described artwork to the artist.

Artist's Signature: _____ Date: _____

Attach this portion to the work:

Artist Name: _____

Title of Work: _____



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