



**ALLIED ARTS ASSOCIATION
JURIED ENTRY FORM
PLEASE PRINT OR WRITE CLEARLY
Page 1 Revised 8-18-2014**

ARTIST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

2 & 3-Dimensional pieces, entry fee @\$15 each piece for CCA members; \$30 each piece for non-members:

1. TITLE _____ MEDIUM _____ PRICE _____

2. TITLE _____ MEDIUM _____ PRICE _____

ARE YOU SUBMITTING BIN AND/OR CABINET ART? _____

IF YES, list Bin Art & Cabinet Art pieces on page 2 of this form & submit page 1 and page 2 with your work to CCA Gallery personnel). BIN SPACE - LIMITED TO FIVE PIECES PER ARTIST.

CABINET SPACE - SIX DISPLAY CABINETS AVAILABLE.

FEES:

Member Entry Fee for piece #1 (\$15): \$ _____

Member Entry Fee for piece #2 (\$15): \$ _____

Non-Member Entry fee for piece #1 (\$30): \$ _____

Non-Member Entry Fee for piece #2 (\$30): \$ _____

Member/Non-Member **Bin Space** Fee # _____ pieces @ \$2.00 each: \$ _____

Member **Cabinet Space** Fee # _____ cabinets @ \$10 each: \$ _____

Non-Member **Cabinet Space** Fee # _____ cabinets @ \$15 each: \$ _____

CCA Membership Fee @ \$30 single or \$50 family (attach membership form): \$ _____

TOTAL FEES DUE: \$ _____

PAID BY: Cash _____ Check _____ Credit Card _____ Gift Certificate _____ Other _____

The artist agrees that Allied Arts Association, its agents or its representatives, shall not be liable for any loss, theft, damage, or claims of any kind whatsoever to any artwork, including its frame or stand, while on display. Allied Arts Association retains 30% commission on all sales. Allied Arts Association does not claim copyright of the artwork. The artist retains all copyrights to artwork images, but agrees to allow Allied Arts Association to use any part of or the entire image in promotions or advertising as needed. Visit www.artistsofcambria.com/gallery for Allied Arts Association General Prospectus.

I have read and consent to the above statements.

Artist Signature: _____ **Date:** _____



BIN &/OR CABINET ART ADDENDUM
PLEASE PRINT OR WRITE CLEARLY
PAGE 2 Revised 8-18-2014

ARTIST NAME: _____

ADDRESS: _____ CITY _____

STATE: _____ ZIP: _____ EMAIL: _____ PHONE: _____

BIN SPACE - LIMITED TO FIVE ART PIECES PER ARTIST - LIST TITLE AND SALES PRICE
(MEMBER/NON-MEMBER ENTRY FEE \$2.00 PER PIECE- ENTER TOTAL ENTRY FEES ON PAGE 1)

- 1. TITLE _____ MEDIUM _____ PRICE _____
- 2. TITLE _____ MEDIUM _____ PRICE _____
- 3. TITLE _____ MEDIUM _____ PRICE _____
- 4. TITLE _____ MEDIUM _____ PRICE _____
- 5. TITLE _____ MEDIUM _____ PRICE _____

CABINET SPACE - LIST DESCRIPTION AND SALES PRICE FOR EACH ITEM TO BE DISPLAYED
(MEMBER ENTRY FEE \$10.00 / NON-MEMBER ENTRY FEE \$15.00 / PER CABINET SPACE -
ENTER TOTAL ENTRY FEES ON PAGE 1)

- 1. DESCRIPTION _____ PRICE _____
- 2. DESCRIPTION _____ PRICE _____
- 3. DESCRIPTION _____ PRICE _____
- 4. DESCRIPTION _____ PRICE _____
- 5. DESCRIPTION _____ PRICE _____
- 6. DESCRIPTION _____ PRICE _____
- 7. DESCRIPTION _____ PRICE _____
- 8. DESCRIPTION _____ PRICE _____
- 9. DESCRIPTION _____ PRICE _____
- 10. DESCRIPTION _____ PRICE _____
- 11. DESCRIPTION _____ PRICE _____
- 12. DESCRIPTION _____ PRICE _____