

"The Art Guild Shop" Participation form

Name _____ Business Name _____

Address _____

Phone _____

Email _____ Website _____

Brief description of artwork you will be selling: _____

Price range: _____

I am willing/able to provide, upon request, photos of my work for publicity purposes
_____ yes

Please indicate days that you are able to work the shop _____

(You will be contacted by a member of the schedule planning team)

Please return this form along with your check for \$50 to:

Alexandria Art Guild PO Box 514, Alexandria, MN 56308

___ *I release Alexandria Art Guild, all board members, officers and all volunteers from any liability or responsibility for damage, loss or theft of my artwork.*

___ *Commission rate is 25% .*

___ *I agree to work 30 Hours at the " Art Guild Shop" between Nov 17 -Dec 30th*

___ *I have insurance for my artwork (Not required, but recommended)*

Artist Signature: _____ Date: _____