

GRAA Member Salon Art Show

February 3 – 27, 2010 GRAA Arts Center Main Gallery

REGISTRATION FORM



PO Box 157, Little Falls, MN 56345

Registration Deadline: **Saturday, January 29, 2010**

Deliver/ mail this form to the GRAA Arts Center, 122 1st Street SE, Little Falls, MN 56345

Artist's Name: _____

Address: _____

City / State / Zip Code: _____

Phone: _____ cell phone _____

E-mail: _____

Fed. Tax ID # or SS # _____

I am a current GRAA member and am registering ____ pieces for the Member Show. Students \$15, Seniors \$20, Adults \$25, Senior Couple \$30, and Family \$45. Please join now if not a current member and include a check for dues payable to **GRAA**.

#1 Artform: _____ Medium: _____ Size: _____
Title: _____ Price: _____

#2 Artform: _____ Medium: _____ Size: _____
Title: _____ Price: _____

#3 Artform: _____ Medium: _____ Size: _____
Title: _____ Price: _____

#4 Artform: _____ Medium: _____ Size: _____
Title: _____ Price: _____

Please tell us something about you and your art:

Deliver artwork to the GRAA Arts Center to be included in the GRAA member Salon Show. 122 1st Street SE, Little Falls, MN, by January 28 – Feb 2, 2010 Questions? Call 320-632-0960.

PLEASE READ AND SIGN:

I certify that I have read the Art Show Information Sheet and will abide by the regulations stated therein. I certify the works of art I am registering are of my own design and produced by myself. I understand, should GRAA find fault, I will withdraw my work from the show. If my artwork is sold, I agree to the 70/30% commission rate. I understand GRAA can remove my artwork from the show, should a buyer request to take possession of my artwork before the show ends. I agree to indemnify and hold harmless the Great River Arts Association for any losses, claims or liabilities that may arise as a result of my participation in this art show.

Artist's Signature: _____ Date: _____