1 Boston Post Road East, Marlborough, Ma 01752 508-485-2580, email: Randi@postroadartcenter.com



Featured Artist Exhibit 2020

SUBMISSION DATES: January 23-30
OPENING RECEPTION: Saturday, February 8, 3:00-5:30
SHOW ENDS: Wednesday, February 26

PICK UP DATES:

• Pick up all exhibited artwork on Thursday Feb 27 (we are open until 7:00pm). *We have limited space to store artwork so please pick up your work in a timely fashion or call to make special arrangements. Any artwork not picked up by April 30, 2020 (2 months late) will become property of the Post Road Art Center.

Submission Guidelines & Requirements:

- QUANTITY: Artists may submit 1 to 3 pieces of original works.
- ENTRY FEE: NO ENTRY FEE © The normal fee of \$10/piece applies if you would like to add more artwork to your featured artists page before the show.
- **DEADLINE:** Please drop off all artwork at the Post Road Art Center during the drop off week. Artwork will NOT be accepted after 7:00pm on Thursday, January 30.
- **REGISTRATION FORM AND LABELS:** Please fill out the attached registration form as well as a label for each piece you are submitting. Please cut out and attach the label(s) to the back of your piece(s).
- ARTWORK SIZE: 2-D works should not exceed 72" (L+W) and 3-D work should not exceed 30" (L+W) and 72" (L+W+H)
- SHOULD WORKS BE FRAMED? All 2-D artwork must be wired across the back
 There is a \$5 wiring fee per piece of artwork not already wired. Artwork on stretched
 canvas or cradled board is not required to be framed. We have specially priced artist
 molding and ready-made frames that available for those who would like to frame their
 artwork.
- ART MUST BE FOR SALE: All artwork must be for sale with the artist receiving 60% of the sale price.
- ARTWORK ELIGIBILITY: Artists must submit original artworks completed in the past year which have not been accepted into one of our previous exhibits.

Featured Artist Exhibit 2020

| Your Name: | | Phone #: | | |
|--|---|--|---|--|
| Address: | | | | |
| City/Town: | Stat | te: | Zip Code: | |
| Email: | | | | |
| Would you like to | be added to our email list? | Yes | No | |
| How did you hea | r about the exhibit? | | | |
| | artwork (with proper recogn social media sites? Yes | | | |
| WORK #1 Artwork Title: | | | | |
| Medium: | Size (outside W | κΗ of frame/fi | nished work): | |
| Your Price (|) divided by .6 = Total Pr | rice (|) Initials: | |
| WORK #2 Artwork Title: | | | | |
| Medium: | Size (outside W | xH of frame/fi | nished work): | |
| Your Price (|) divided by .6 = Total Pr | rice (|) Initials: | |
| WORK #3 Artwork Title: | | | | |
| Medium: | Size (outside W | e (outside WxH of frame/finished work): | | |
| Your Price (|) divided by .6 = Total Pr | rice (|) Initials: | |
| I,exhibitor at the Fe may have against work. I do agree to all such claims the | e following waiver before have read a atured Artist Exhibit 2020 herel Post Road Art Center for any a chold Post Road Art Center free erefore. I also agree that if I don ty of the Post Road Art Center. | and understar by waive, rele and all damag e, harmless, | and the rules, and as artist and ease, and discharge any claim I be to, theft of, or loss of my artand indemnified from any and | |
| Signed: | | | Date: | |

Please fill in the information, cut out and attach to the back of your piece(s). Other labels are acceptable, but **must contain at least name**, **title and phone number**.

| Your Name | | | |
|---------------------------------|--|--|--|
| Phone Number | | | |
| Title | | | |
| Medium | | | |
| Size | | | |
| | | | |
| POST ROAD ART CENTER SHOW LABEL | | | |
| Your Name | | | |
| Phone Number | | | |
| Title | | | |
| Medium | | | |
| Size | | | |
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| POST ROAD ART CENTER SHOW LABEL | | | |
| Your Name | | | |
| Phone Number | | | |
| Title | | | |
| Medium | | | |
| Size | | | |
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POST ROAD ART CENTER SHOW LABEL