

ENTRY FORM

Uniting Aged Care



Strathdon Community's 7th ANNUAL ART EXHIBITION & SALE 16-18 APRIL 2010

Strathdon Community Centre, 17 Jolimont Road, Forest Hill, 3131

Art Show Opening & Presentation of Prizes, Friday 16 April

Wine & Savouries – Admission \$15 (Exhibitors \$10) Presentation of Prizes at 8 pm
Fri 16 April 7 – 9 pm / Sat 17 April 11 am – 4 pm / Sun 18 April 12 pm – 4 pm

PRIZES \$2,200 (Non-Acquisitive)

Best Painting in Show	\$ 1000
2 nd Best Painting in Show	\$ 600
3 rd Best Painting in Show	\$ 300
People's Choice	\$ 300

Closing Date: Friday 26 March 2010 at 4 pm

Note: Please include an Artist profile with your exhibits, if available.

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ENTRY FORM – Send to: Strathdon Community 2010 Art Exhibition, 17 Jolimont Road, Forest Hill, 3131

Entry Forms are also available on our website www.strathdon.org.au. Email: emily.muir@uacvt.org.au

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE: _____ EMAIL: _____

IMPORTANT DECLARATION (please tick)

- The entries are my own work.
- I have read and accept the Conditions of Entry (see over page).
- I enclose entry fees as detailed herein. (Cheque or money order payable to: Strathdon Community).
- I am a professional artist.
ABN Number _____ I am registered for GST with the ATO YES / NO
- I am a hobby artist, therefore I am not quoting an ABN.

SIGNATURE: _____ DATE: ____/____/____

ENTRY DETAILS (please use BLOCK LETTERS)

<u>Title of Work</u>	<u>Medium</u>	<u>Size (cm.)</u>	<u>Retail Price</u>	<u>Office Use only Ref No</u>
1. _____	_____	____ x ____	\$ _____	# _____
2. _____	_____	____ x ____	\$ _____	# _____
3. _____	_____	____ x ____	\$ _____	# _____
4. _____	_____	____ x ____	\$ _____	# _____
5. _____	_____	____ x ____	\$ _____	# _____
6. _____	_____	____ x ____	\$ _____	# _____
7. _____	_____	____ x ____	\$ _____	# _____
8. _____	_____	____ x ____	\$ _____	# _____

CONDITIONS OF ENTRY

1. All exhibits must be the signed original work of the exhibitor and **MUST BE FOR SALE**.
2. **ENTRY FEES:** \$8 per exhibit (\$12 per complementary pair, considered as one exhibit) eligible for judging & inclusion in catalogue.
3. Exhibits will be received at Strathdon Community, 17 Jolimont Road, Forest Hill (enter via Commemorative Pathway) on **Tuesday 13 April, 3 pm – 7 pm** and **Wednesday 14 April, 8 am – 3 pm**.
4. Exhibits will be displayed at the Committee's discretion. We endeavour to hang/display all entered exhibits, depending on the space available. The Committee reserves the right to reject any entry. Wet paintings will not be accepted. A **NO REFUND** policy applies.
5. No painting shall have any side greater than 1.4 metres
6. Paintings are to be framed or canvas on frame, and fitted with picture wire suitably attached to the frame or be in an otherwise acceptable form for hanging. Hangers which protrude, for example, "eye hooks" and which can damage other works, are not acceptable.
7. Paintings must be clearly labelled on the back (top left hand corner) with Title, Artist's Name and Retail Selling Price. Exhibit ID slips are included for your use.
8. The number of exhibits is limited to eight (8) from any one artist.
9. All reasonable care will be taken of exhibits in our possession. Strathdon Community does not insure exhibits.
10. Strathdon Community shall retain a commission of 25% of the retail price of any exhibits sold as a result of the exhibition.
11. No artist will win more than one prize and the Judge's decisions are final.
12. Unsold exhibits must be collected from drop off point on **Sunday, 18 April from 4.30 pm – 6 pm**, otherwise, a late pick up fee of \$10 per exhibit will be charged. Contact 0419 322 572.
13. Receipts or written authorisation must be shown by collector to pick up works.
14. Any freight cost is to be paid by the artist.
15. Works not exhibited may be collected by prior arrangement during the show (telephone 9845 3105).
16. Cheques for sales will be mailed to the artist's address as stated on the entry form within 21 days of the end of the exhibition.

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REMITTANCE ADVICE

TICK PAYMENT TYPE: Cheque Money Order Cash Credit Card

CREDIT CARD: **Name on Card** _____

Card Type Master Card Visa **Expiry Date** ____/____

Card No.

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Amount \$ _____

Signature of Cardholder _____

Entries – Catalogued paintings @ \$8 each	\$	
 @ \$12 each (Complementary pairs)	\$	
Opening Night Tickets	Adult.....@ \$15 each	\$	TOTAL ENCLOSED – payable to Strathdon Community
	Exhibitor \$10	\$	
			\$ _____

Office use only: C/C Auth. No. _____