



Silverton Arts Association  
www.silvertonarts.org

303 Coolidge Street  
Silverton, OR 97381

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# The Borland Art Gallery Original Art Submission Form

**Show Title:** \_\_\_\_\_

**Artist Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

ITEM #	TITLE	MEDIUM	PRICE	RECEIVED

Please provide an artist information card with each piece of work that includes: Artist name, Title of piece, Media, and Price.

I agree to allow the Silverton Arts Association Borland Art Gallery to exhibit and/or sell the above listed items. I understand that if I am a member of the Silverton Arts Association (SAA), a 25% commission on all items sold will be retained by SAA. If I am NOT a member, a 35% commission will be retained. Payment for any items sold in the exhibit will be made within 30 days following the exhibit.

\_\_\_\_\_The Gallery Insurance Contract will not cover loss due to theft, fire, water damage, or any other peril damaging artists' property left for display or sale.

\_\_\_\_\_I will be responsible for bringing items to the gallery for the exhibit, and removing them, during the specified times for the exhibit. The gallery is not responsible for any items not removed within 30 days from the end of the exhibit.

\_\_\_\_\_I understand that I am expected to attend the artist reception held on the First Friday of the month for which I am exhibiting.

ARTIST SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SAA SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

<b>FOR SAA USE ONLY</b>	
SAA Member?	_____
SAA dues current?	_____
# Of pieces entered:	_____
Entry Fee paid \$	_____
(If paid with check) Check #	_____
Receipt #	_____
Entry form complete?	_____
Artist information card on each piece?	_____
Unframed, edges okay?	_____
Hanging wire?	_____

<b>FOR SAA JURYING COMMITTEE USE ONLY</b>	
# _____:	ACCEPTED REJECTED
REASON:	_____
# _____:	ACCEPTED REJECTED
REASON:	_____
# _____:	ACCEPTED REJECTED
REASON:	_____

If submitting additional pieces fill out additional forms.

Submission form # \_\_\_\_\_ of # \_\_\_\_\_.