

Artist Contract for Display Cabinets

Artist Information

Artist Name: _____

Email: _____ Phone Number: _____

Address: _____

Professional Website (optional): _____

Please check the following IF you agree:

- I give the SCAHC permission to give out my email/website to customers who are interested in commissioning my work.
- I give the SCAHC permission to photograph and use my work for promotion and marketing.

Shelf measurements:

Please check one of the following:

- I would like to rent a half-shelf in the large display cabinet measuring:
33" in Width, 12" in Depth, and 15.5" in Height.
- I would like to rent a shelf in the small display cabinet measuring:
29" in Width, 12" in Depth, and 12" in Height

The SCAHC highly recommends planning the layout and presentation of your shelf using the provided measurements before coming into the SCAHC gallery to set up. The SCAHC will not allow over-crowded shelves that detract from the visibility and presentation of the display cabinet. You may provide business cards to place on your shelf. Displays with heavy objects WILL be placed on a bottom shelf due to weight.

Display Dates and Compensation

Date Begin: _____

Date End: _____

Space Rental Fee: \$10.00 for two months plus a 25% commission of whatever sells.

Please note that the SCAHC will collect the relevant sales tax as dictated by NJ State law.

Date the \$10 rental fee was paid: _____

Received by: _____

Please check the boxes to show you have read and agreed with the following statements:

- I agree to abide by the gallery policies and to release SCAHC officers and employees from any liability that may occur during the exhibit. It is recommended that artists have their own insurance.
- I understand that the SCAHC may refuse some work depending on the presentation of the shelf in question.
- I understand that the SCAHC will not provide stands or other materials needed to display work in the cabinet.

Artist Signature

Date

SCAHC Staff Signature

Date