

**Byward Market Campus**

35 George St.
Ottawa, ON
t: 613.241.7471
info@artottawa.ca

Orleans Campus

245 Centrum Blvd.
Orléans, ON
t: 613.580.2765
osao.info@artottawa.ca
location: Shenkman Arts Centre

28th Annual Holiday Fundraising Art Sale

Byward Market Campus: November 29 - December 19, 2012

Opening reception: Thursday November 29, 5pm to 8pm

Orleans Campus: November 29 - December 19, 2012

Opening reception: Sunday December 2, 2012 1pm to 3pm

SUBMISSION FORM / CONTRACT PLEASE READ CAREFULLY

1. I am currently an Active Member & in good standing with the Ottawa School of Art,
2. \$10.00 submission fee, (cash only, non-refundable) to submit to one campus or \$15.00 for both,
3. ALL works being submitted are exhibition ready and follow the acceptable size, price, labeling format as required in the 'Submission Criteria' form (maximum of 3 works per campus),
4. I have agreed to sign up and be present for one of the following:
 1. Gallery Sitting during this event, (minimum of 3 hours)
 2. Helping with the installation, (minimum of 3 hours),
 3. Helping on the day of the "takedown" of artworks, (minimum of 3 hours).
5. For publicity purposes, I am aware that images of Artwork submitted may be used online and in media to promote the Holiday Fundraising Art Sale,
6. OSA reserves the right to refuse any obscene or distasteful works,
7. I understand that a 30% commission fee for all works sold will be retained as fundraising towards the Ottawa School of Art,
8. I trust that the OSA Staff will do their best to inform me when work has been sold, and that I am able to submit a replacement piece(s) of the same dimensions,
9. I have read, understand and agree with the OSA's Holiday Fundraising Art Sale, 2012 'Submission Criteria' form.

PLEASE NOTE: THE OSA IS NOT RESPONSIBLE FOR ANY LOSSES OR DAMAGES DUE TO THEFT, VANDALS OR ACCIDENTAL BREAKAGE. THE SCHOOL WILL TAKE EVERY REASONABLE PRECAUTION TO PREVENT SUCH LOSSES.

Membership ID #: _____

NAME: _____

\$10.00 or \$ 15.00 Sub. Fee PAID: _____

PHONE #: _____

Price: \$ _____

#1. Title: _____

Dimensions: _____

Medium: _____

Inventory # (Office use only): _____

#2. Title: _____

Price: \$ _____

Medium: _____

Dimensions: _____

#3. Title: _____

Inventory # (Office use only): _____

Medium: _____

Price: \$ _____

Dimensions: _____

Inventory # (Office use only): _____

*** FOR OFFICE USE ONLY:**

Gallery Sitting Date(s): _____

Member was present:

Yes:

No:

\$20 Fee:

BY SIGNING THIS CONTRACT, I AGREE TO THE ABOVE CONDITIONS.

ARTIST'S SIGNATURE: _____

PLEASE FILL OUT AN ADDITIONAL CONTRACT FORM IF SUBMITTING AT EACH CAMPUS. BRING THE CORRESPONDING FORM WITH YOUR WORK TO THE CAMPUS IT IS INTENDED TO EXHIBIT AT.