



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

32nd Annual Holiday Fundraising Art Sale

ByWard Market Campus: November 24 - December 11, 2016

Opening reception: Thursday November 24 - 5pm to 8pm

Orléans Campus: November 25 - December 10, 2016

Opening reception: Friday November 25 - 6:30pm to 9pm

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:
(Byward Market Campus Only)
 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 Artworks 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 35% 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, 2016 'Submission Criteria' form.

PLEASE NOTE: THE OSA IS NOT RESPONSIBLE FOR ANY LOSSES OR DAMAGES DUE TO THEFT, VANDALISM, OR ACCIDENTAL BREAKAGE. THE SCHOOL WILL TAKE EVERY REASONABLE PRECAUTION TO PREVENT SUCH LOSSES. ARTISTS ARE ADVISED THEY ARE PARTICIPATING IN THIS SALE AT THEIR OWN RISK.

NAME: _____

Membership ID #: _____

PHONE #: _____

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

ADDRESS _____

_____ Postal Code _____

#1 Price: \$ _____

#1. Title: _____

Dimensions: _____

Inventory # (Office use only): _____

Medium: _____

#2. Title: _____

#2 Price: \$ _____

Dimensions: _____

Inventory # (Office use only): _____

Medium: _____

#3. Title: _____

#3 Price: \$ _____

Dimensions: _____

Inventory # (Office use only): _____

Medium: _____

* FOR OFFICE USE ONLY:

Gallery Sitting Date(s): _____

Member or stand-in person 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.