



Office Use Only

Application accepted:

Rejected:

Month chosen:

Application for Guest Artist

The Owen Sound Artists' Co-op accepts only original artwork to be juried for our Guest Artist program.

Work submitted must appear as it would for sale and display in the store, i.e. all paintings, drawings must be titled, framed and/or glazed and ready for hanging. All work must be intended for sale. **NO MORE THAN 6 ITEMS**

PLEASE. Any relevant information regarding working methods, materials and pricing should accompany your work along with a brief artist's biography or resume. When choosing your pieces, think of a body of cohesive work or visual voice. **Please bring work in for jurying no more than 3 days before the monthly meeting and arrange to pick up the day after the meeting. (last Wednesday of each month, 2 pm)**

The Committee will choose, at their monthly meetings, applicants whose work will be displayed in the store for a period of one month. The Artists' Co-op will process sales with the appropriate taxes and a payout will be made guest artist 30 days after the final day of their exhibiting. You will also be invited submit pieces for our annual Christmas Show in the Legacy Gallery, in December.

The current percentage commission (35%) from all sales will be charged as well as a guest fee for the month. Guest fees are based on the month that the work is being exhibited. JANUARY, FEBRUARY, MARCH are \$35 each. APRIL, MAY, JUNE, SEPTEMBER, OCTOBER, NOVEMBER are \$50 each. JULY, AUGUST AND DECEMBER are \$75 each. The applicant will be notified within 3 or 4 days following the jurying process. **UPON ACCEPTANCE, please send a 50 word bio and a photograph of your work (345 pixels high and 460 pixels wide) for the website to info@artistscoop.ca. Please pay a \$25(plus HST) non refundable deposit, within 30 days of acceptance to retain your spot.** The remainder of the fee is due during set up.

The Artists' Co-op will handle your work with the utmost care, but regret we cannot be responsible for any loss or damage. Applicants are responsible for their own insurance.

What month do you prefer (keeping in mind the dynamic pricing) _____

Do you submit H.S.T. Yes _____ No _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____ Are you interested in full membership? _____

BRIEF DESCRIPTION OF YOUR WORK AND PRICE LIST (USE BACK IF NEEDED)

SIGNATURE: _____ DATE: _____

If your application is accepted, this form will become the contract for your participation in our Guest Artist Program. Your signature releases the Artists' Co-op from liability.

PLEASE RETURN THIS COMPLETED APPLICATION AND YOUR WORK TO BE JURIED NO MORE THAN 3 DAYS BEFORE A SCHEDULED JURY COMMITTEE MEETING. The jurying committee meets on the last Wednesday of each month at 2pm. Contact us at 519 371 0479 or info@artistscoop.ca