

WEST COAST GALLERY

EXHIBITION CONTRACT

EXHIBITOR NAME:

EXHIBITION TITLE:

EXHIBITION DATES:

DEADLINE FOR PUBLICITY

(If artist designing own flyer, deadline for final copy).....

KEY DATES AND TIMES: Arrival of exhibits.....

Opening

Duration of exhibition

Exhibition take down

EXHIBITION FEE PAID

FLYER COPIES FOR ARTIST'S OWN MAILOUT/PUBLICITY.....(How many?)

COMMISSION 30% plus gst will be charged on artist's work. (gst just on commission)

Please sign and return this form.

I AGREE TO ABIDE BY THE WEST COAST GALLERY EXHIBITION POLICY AS OUTLINED.

SIGNATURE: DATE

NAME:

ADDRESS:

PHONE:

MOBILE:

EMAIL

Signed: Gallery Co-ordinator Date

Exhibition Contract Information updated by West Coast Gallery Board of Trustees, March 2016