



ALL ARTS GALLERY
307 Market Street
Lowell, MA., 01852

Call for Entry

OUT OF THE ORDINARY

JUNE 7 - JULY 21

Reception: Saturday, JUNE 15, 2019, 4-6 PM

THEME

An invitation to let your imagination play with possibilities. What would "out of the ordinary" be for you?

ELIGIBILITY

Open to all artists working in any medium and to active (dues up to date) ALL members. ***Submitted work must not have been shown previously at the Arts League of Lowell Gallery.*** Student work done under direct supervision is not eligible.

WORK REQUIREMENTS

Artists may enter up to 3 works in any 2D or 3D medium. Framing must be securely and professionally presented, if applicable. No saw tooth or keyhole hangers accepted. ***Failure to abide by these hanging requirements will result in the immediate rejection of your work for this exhibition.*** Works on paper must be under glass (or plexiglass if shipped). Work over 40 pounds and work requiring special installation or handling must be installed by the artist with the Arts League of Lowell curatorial staff.

VOLUNTEERING REQUIREMENTS

Exhibiting member artists are required to sign up to gallery sit for one shift at drop off. **NEW!** Members who do not wish to honor their gallery sitting obligation for this show must pay the non-member entry fee of \$40 and pay the 40% commission on any work sold.

APPLICATION / ENTRY FEE

ALL members, \$25.00 for up to 3 works. Non-members, \$40 for up to 3 works. Bring your completed entry form and entry fee with you when you drop off your work. Entry fees are not refundable and does not guarantee acceptance of all submitted work, either due to space constraints or non-compliance with show requirements. Submissions will not be accepted without the accompanying entry fee.

DELIVERY OF WORK

Deliver work at designated drop off times to ALL Arts Gallery, 307 Market St, Lowell, 01852. If intending to ship your work, you must contact Carolyn Bonier at: carolyn.bonier@gmail.com

SALES

ALL takes a 25% commission on member work sold and a 40% commission on non-member work sold. Artists are encouraged to show work that is for sale. Payment for work sold will be made no later than 15 days after the close of the exhibit.

INSURANCE AND LIABILITY

Every reasonable precaution will be taken to ensure protection and careful handling of work. The Arts League of Lowell carries insurance to cover any damage to artwork accepted into this show. If your work is accepted into the show and you prefer to mark it "NFS" – Not For Sale, please include an insurance value for each piece, on the entry form.

PICK UP OF WORK

*Please respect the times noted in the exhibition calendar below.

WORK CANNOT BE PICKED UP BEFORE THE CLOSE OF THE SHOW AT 4:00PM, June 21, 2019. Make alternative arrangements IN ADVANCE if you cannot pick up at these times. We have no safe space to store work. Work left beyond the pickup date is subject to a \$5.00 per day holding fee. Work left longer than 30 days becomes the property of ALL and will be used or disposed of at the discretion of the management.

Questions? Please contact Caroyn Bonier at: carolyn.bonier@gmail.com

EXHIBITION CALENDAR

HAND DELIVERY OF WORK	Sunday, June 2, 2019, 4-6pm and/or Monday, June3, 2019, 12-2pm
SHOW OPENS	Friday, June 7, 2019
ARTIST RECEPTION	Saturday, June 15, 2019, 4-6 pm
SHOW CLOSES	Sunday, July 21, 2019, 4:00 pm
PICK UP of work.....	Sunday, July 21,2019, 4-6 pm and/or Monday, July 22, 2019, 12-2 pm

ALL Entry Form – **OUT OF THE ORDINARY**
Please fill out before bringing work to drop off.

ARTIST'S NAME _____

MAILING ADDRESS _____

PHONE _____ EMAIL _____

NOTES

() ENTRY #1. TITLE _____

MEDIUM/STYLE _____ PRICE _____ or NFS VALUE _____

() ENTRY #2. TITLE _____

MEDIUM/STYLE _____ PRICE _____ or NFS VALUE _____

() ENTRY #3. TITLE _____

MEDIUM/STYLE _____ PRICE _____ or NFS VALUE _____

ARTIST AGREEMENT

With the submission of artwork to the "OUT OF THE ORDINARY" show, the artist agrees to all terms set forth in the prospectus, and grants permission to photograph and reproduce any accepted work for publicity purposes.

Signed _____ Date _____

*** FOR GALLERY USE ONLY**

Member? Yes No

Fee paid _____ Cash Check Credit Card

Gallery Sit Date: _____

SHOW LABELS - PLEASE PRINT IN BLOCK LETTERS

PLEASE ATTACH TO WORK

CUT ALONG DOTTED LINES

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Artist Name _____ Phone _____

Title _____ Price or NFS _____

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Artist Name _____ Phone _____

Title _____ Price or NFS _____

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Artist Name _____ Phone _____

Title _____ Price or NFS _____

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