



Salisbury Art Space, 212 West Main Street, Suite 101, Salisbury, MD 21801
410-546-4748 | www.SalisburyArtSpace.org | Salisburyartspaceinfo@gmail.com

Exhibit: CHROMA

Submission Form

Exhibition dates: **September 9th-September 29th, 2022**

Intake Days: **September 2nd- 3rd, 2022**

Name: _____ Phone Number: _____

Address: _____

Email: _____

Entries: Entry fee \$15 per artwork for SAS Artist Members, \$20 per artwork for other artists, including SAS members in other categories.

This form must be submitted with entries and payment. Checks should be payable to SAS.

	Title	Medium	Size	Price	Year
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Please check if all proceeds to go to SAS as a donation.

Disclaimers: SAS carries insurance up to \$30,000.00, collectively. After any claim made, SAS is not responsible for the loss or damage of any artwork. We strongly encourage artists to hold insurance on their artwork against loss or damage. *All artwork left at the gallery 30 days past the end of the exhibition will be considered abandoned, becomes the property of SAS and may be sold or destroyed.* If you are unable to pick up at the show's end, please contact us and we will make other arrangements with you. We reserve the right to use our images of your artwork in print, web and social media for the advertising of SAS and the exhibition. By signing this I am agreeing to all terms in the prospectus and call for entry.

Signature: _____ Date: _____

Office Use: Payment Amt: _____ Type: _____ Rev'd By: _____ Date: _____