

CITY OF GREENVILLE



Greenville Area Community Center

900 E. KENT ROAD
 GREENVILLE, MICHIGAN 48838
 (616) 754-9163
 Fax (616) 754-0631
 Email: gacc@greenvillemi.org
 www.greenvillemi.org

Greenville Area Community Center Art Exhibits Artist of the Month Contract

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Type of Art to be displayed (*photography, painting, etc.*) _____ Preferred month of display _____

Special display/space requirements: _____

Please provide a short biography and picture (*optional*) to be included on our website:

Will your art be available to purchase? Yes ___ No ___ Do you want the Community Center to accept payment on your behalf? Yes ___ No ___

Checks payable to: _____ (Cash or Check only. All money received will be held in your name until pick up)

This form will be considered a binding contract between the Exhibitor and the Community Center with the following stipulations:

1. The Community Center reserves the right to set the exhibit hours at the discretion of the Community Center's Manager.
2. If the building is rented for any purpose during the time of the art exhibit, the Center reserves the right to move the exhibit to a place of storage. The Center will be responsible for setting the exhibit back up as soon as possible after the rental of the building is completed.
3. The Community Center will receive 20% of all sales resulting from the exhibit time
4. The Exhibitor must carry his own exhibit insurance. The Center will provide safeguards as to normal damage, vandalism, and theft, but in no way will be considered liable.

Exhibitor _____ Date _____

Community Center Representative _____ Date _____

\$ _____ Sale _____ Date _____ Rcvd _____	Office Only
\$ _____ Sale _____ Date _____ Rcvd _____	Month _____ Year _____ Input _____