

**GARIBALDI ART CLUB OF MAPLE RIDGE
FALL SHOW 2024
REGISTRATION FORM**

LOCATION	Albion Community Centre (Main Entrance) 24165 - 104th Ave., Maple Ridge (off of 240th Street)
DATES OF SHOW	Friday, November 15th, 7:00pm-9:00pm Reception Saturday, November 16th, 10:00am-4:00pm Sunday, November 17th, 10:00am-4:00pm
DROP OFF	Work to be dropped off Friday, November 15th, 10:00am-12 Noon
PICK UP	Work to be picked up Sunday, November 17th, 4:30pm
ENTRY FORMS	Deadline to drop-off entry forms: 5:00pm, October 31st . Drop off completed entry forms (Pages 2 & 3) along with the entry fees at the front desk of the ACT (placed into an envelope clearly addressed to GAC), or email the completed entry forms to Diane Speirs at diane.speirs@gmail.com
PAYMENTS	<ul style="list-style-type: none"> • Make cheques payable to: Garibaldi Art Club • Send e-transfer payments to: GACartclub@gmail.com

PLEASE NOTE

- Please keep **Pages 1 & 4** for your future reference. All sales
- are subject to a 25% commission.
- All paintings submitted need to be listed on the registration form for preparation of the show program and for the painting tags.
- Painting sizes are **OVERALL SIZE** including frames measured from outer edge to outer edge.
- To calculate **OVERALL SIZE**, multiply your painting's height and width. The result gives you the **SQUARE INCHES**.
- All paintings submitted must have "D-Rings" and wire 1/3 of the way down on the back. Place a temporary label on the front of all paintings with **ARTIST'S NAME** and piece's **TITLE**.
- Place a permanently affixed card on the **BACK** of all paintings with **ARTIST'S NAME, TITLE, and PRICE**. This information must match what you submitted on the entry form.
- Active members may enter the maximum number of paintings allowed; inactive members may only submit one painting.
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www.garibaldiartclub.com

CERTIFICATION & FEE FORM - SUBMIT THIS PAGE

Submit **Entry Forms** in an envelope clearly marked **GAC** to the front desk of the **ACT Ticket Centre • DEADLINE 5:00pm October 31st, 2024**

NOTE: It is recommended that you make copies of **Pages 2 & 3** for your reference.

CERTIFICATION

I CERTIFY that all paintings submitted are original works, derived from my own imagination, sketches, or photographs, or have obtained permission for the use of someone else’s reference materials, and created an original work from this reference material.

NAME _____

MAILING ADDRESS _____

PHONE/EMAIL _____

SIGNATURE _____

FEES PAYABLE

PAINTING SIZE	NUMBER OF ITEMS	PRICE PER ITEM	FEE PAYABLE
SMALL PAINTINGS		@ \$4 Each	\$
MEDIUM PAINTINGS		@ \$8 Each	\$
LARGE PAINTINGS		@ \$12 Each	\$
MATTED PIECES (Max 3)		@ \$3 Each	\$
ART CARDS (Max 20)		@ \$1 For 10 @ \$2 For 20	\$

NOTE: CONSULT **PAGE 3** FOR THE MAXIMUM NUMBER OF PAINTINGS PERMITTED.

TOTAL	➔	\$
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PAINTINGS ENTRY FORM - SUBMIT THIS PAGE

PLEASE FILL IN YOUR NAME & PHONE NUMBER ON THIS PAGE

NAME	PHONE
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PAINTINGS **MAXIMUM NUMBER PERMITTED DEPENDS ON SIZE (SEE BELOW)**

Members may submit up to a **maximum** of six paintings of which two of these may be large paintings.

PAINTING SIZE	PAINTING SIZE IN SQUARE INCHES
SMALL	Up to 170 square Inches (including frame)
MEDIUM	Up to 700 Square Inches (including frame)
LARGE	Up to 1500 Square Inches (including frame)

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TITLE	SIZE (CIRCLE ONE)	PAINTING MEDIUM	PRICE
1	S M L		
2	S M L		
3	S M L		
4	S M L		
5	S M L		
6	S M L		

KEEP THIS PAGE FOR YOUR REFERENCE

COPY YOUR INFORMATION ONTO THIS PAGE AND KEEP IT FOR REFERENCE

NAME	PHONE
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This is your copy. Keep it for future reference

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