



Artist Number Assigned: _____

Gift Shop Submission Application

Name _____
Address _____
City _____ Postal Code _____
Daytime Phone _____ Evening Phone _____
Email address _____
Medium of Work _____

Please enclose three actual samples and/or clear photos of your work for the selection committee.

1. _____ Retail Price: _____
2. _____ Retail Price: _____
3. _____ Retail Price: _____

The Gift Shop operates on a commission basis of 40%. Please include this commission in your retail price.

Is your work currently for sale in the Campbell River area?
No _____ Yes _____ Location: _____

GST Registration # (if applicable) _____

Any unsold work remaining in the Shop after notification to pick up will become the property of the Gallery after 90 days. Costs associated with delivery and pick up are the responsibility of the artisan.

If accepted, I hereby agree to be responsible for the delivery and pick-up of my work on the dates assigned and to be responsible for keeping the market well stocked with my work.

Signature _____ Date _____

Campbell River Art Gallery

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(250) 287-2268 Email: contact@crartgallery.ca