

CAMPBELL RIVER
ART GALLERY

Gallery Shop Consignment Application

Name _____

Address _____

City _____ Postal Code _____

Daytime Phone _____ Evening Phone _____

Email address _____

Materials/Type of Work _____

Please enclose 3 samples and/or quality photos for the Selection Committee.

1 _____ *Retail Price _____

2 _____ *Retail Price _____

3 _____ *Retail Price _____

**The Gallery Shop operates on a commission basis, with 40% of the retail price retained by the Gallery. Please include this commission in your retail price.*

**Consignors are required to maintain an active membership in the Gallery.*

Is your work currently for sale in the Campbell River area? If so, where?

No _____ Yes _____ Location _____

GST # (if applicable) _____

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

Signature _____

Date _____

Campbell River Art Gallery, 1235 Shoppers Row, Campbell River, B.C. V9W 2C7

Tel: (250) 287-2261 Email: contact@crartgallery.ca

For Internal Use: Artist Number Assigned _____