

MONTHLY SHOW

Take-in date _____ Check # _____ \$ _____

Artist _____ Phone _____

NEW S.D.A.G. MEMBER this month please fill out address, email & medium

Address _____

Email _____ Medium _____

Diag. Measur	OfficeUse Item #	Title of artwork	Medium (not dept)	Dept. No. *	Vendor ID	Price
		MONTHLY SHOW #1				\$
		MONTHLY SHOW #2				\$
		MONTHLY SHOW #3				\$

Your vendor ID is the **first three letters of last name** and **first two letters of first name**
 Item # will be given by take-in volunteers on the day of rotation.

* Dept numbers: **1** = cards, **2** = shrink wrap, **3** = oil/acrylic, **4** = watercolor, **5** = photography, **6** = mixed media, **7** = other media, **8** = jewelry, **9** = glass, **10** = sculpture/ceramics, **11** = textile, **12** = special events, **13** = miscellaneous, **14** = digital art, **15** = PRINT (such as Giclee) made from original art work. Please list **medium** (i.e. watercolor/oil/acrylic) print was made from.

Prints are not eligible for ribbons or cash awards for the monthly shows.

Job for this month _____

I UNDERSTAND THE SAN DIEGUITO ART GUILD/OFF TRACK GALLERY AND/OR THE LANDLORD ARE NOT INSURED FOR COVERAGE OF ARTWORK AT THE GALLERY AND/OR IN UNSECURED AREAS. THE SAN DIEGUITO ART GUILD/OFF TRACK GALLERY AND/OR THE LANDLORD CAN NOT BE HELD LIABLE FOR LOSS OR DAMAGE TO ANY ARTWORK AT ANY TIME. I WILL PROVIDE MY OWN INSURANCE IF I DEEM IT NECESSARY.

_____ **INITIAL HERE**

I AGREE TO PERMIT MY ART TO BE PHOTOGRAPHED AND USED FOR SDAG ADVERTISING/P.R. PURPOSES.

_____ **INITIAL HERE.**

IF FOR ANY REASON MY ART IS LEFT AT THE SDAG/OFF TRACK GALLERY AFTER A SHOW, A RENTAL PERIOD OR NON-RENEWAL OF MY SDAG MEMBERSHIP FOR A TIME PERIOD PAST **(30) DAYS IT WILL BE CONSIDERED ABANDONED AND BECOME THE PROPERTY OF THE SAN DIEGUITO ART GUILD/OFF TRACK GALLERY.**

I UNDERSTAND AND HAVE READ THE ABOVE STATEMENT AND I GIVE MY PERMISSION TO THE SDAG/OFF TRACK GALLERY TO DISPOSE OF MY ART IN ANY MANNER THEY CHOSE.

SIGNATURE _____ **DATE** _____