Chester County Art Association

Members Exhibition Contract: OCTOBER 2026

100 N Bradford Ave.
West Chester, PA
19382 610-696-5600

Artist Name (PLEASE PRINT) _____
Show Dates: October 8 -28, 2026
Intake Dates: October 5, 2026; 11a – 7p
Remove Work: October 29, 2026; 11a-7p
Reception Dates: October 8, 2026; 5p - 7p

REQUIREMENTS

- Must be a current member of CCAA
- Works must not be any larger than 36”x36”, this includes the framing. No more than 2 pieces can be submitted.
- All artwork must have been created in the last 3 years and **not previously** shown at CCAA unless staff or Exhibition Coordinator approves exception.
- Positioning of your artwork within the gallery is at the discretion of staff and the Exhibition Coordinator
- Understanding that classes/workshops and events are occasionally held in the galleries
- All artwork must be framed, wired, and ready to hang (**no saw tooth hangers**). 3-D work should be safe and stable. CCAA reserves the right to determine what is exhibition ready.
- All artwork must be labeled both front and back with a CCAA exhibition label and the inventory sheet on this contract must be filled out.
- All artwork must remain for the duration of the show, unless otherwise noted by staff or Exhibition Coordinator.
- All artwork must be picked up on the agreed upon date at the end of the show unless otherwise arranged prior to pick up date. **Artwork NOT picked up within 14 days of date to remove work becomes property of CCAA.**
- An opening reception will be hosted by CCAA. Light refreshments will be served.

SALES & LIABILITY

- Artwork is insured by CCAA while it is on the property (not in transport).
- All artwork must have a price or be marked NFS.
- CCAA will retain a commission of 40% on all sales**.**
- CCAA assumes no responsibility for damage of artwork unrelated to our own handling.

ENTRY FEE PAYABLE TO CCAA AT TIME OF DROP OFF:
$20 FOR FIRST WORK; $5 FOR SECOND WORK

By signing, said artist agrees to adhere to all provisions stated in this contract.

ARTIST SIGNATURE_____ **DATE** _____ **PHONE:** _____
EMAIL: _____

Contact: Laurie Moran; LMoran@chestercountyarts.org

MUST COMPLETE THE BACK

Inventory List:

Title:
Medium:
Price:

Title:
Medium:
Price: