



Members Exhibition Submission Form

Name _____

Phone _____

Email _____

(The following information is what will be listed on the wall tag)

Piece #1

Title _____

Medium _____

Price _____

Piece #2

Title _____

Medium _____

Price _____

**** I agree, if my work is selected for the exhibition, to display my piece(s) from Dec 1st, 2017 through Dec 31st, 2017. In the event of a sale of any artwork during the exhibition at VCP, I agree to the 50% commission with VCP.***

ARTISTS SIGNATURE_____