



FALLBROOK ART CENTER

a division of Fallbrook Arts, Inc.
a 501(c)(3) nonprofit corp.

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APPLICATION

The Salon Gallery

NOTE: The images submitted for the Show Selection Committee must be representative of the works you would bring to display if you were chosen to participate.

If you are accepted to participate, Fallbrook Art Center will calculate your Show Fee for actual time rented (\$100 for 4 weeks).

PLEASE PRINT LEGIBLY

ARTIST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

FAX _____ EMAIL _____

PRICE IS RETAIL CONSIDERING A 35% SALES COMMISSION

#1 Title _____ PRICE \$ _____

Technique _____

Dimensions _____ Description _____

#2 Title _____ PRICE \$ _____

Technique _____

Dimensions _____ Description _____

#3 Title _____ PRICE \$ _____

Technique _____

Dimensions _____ Description _____

#4 Title _____ PRICE \$ _____

Technique _____

Dimensions _____ Description _____

#5 Title _____ PRICE \$ _____

Technique _____

Dimensions _____ Description _____

TERMS & CONDITIONS: Applicant agrees that images submitted are representative of work to be exhibited. FAC reserves the right to withhold any work from display. The cost of shipping unsold work to and from the show is the responsibility of the artist. Insurance is the responsibility of the artist. The Fallbrook Art Center reserves the right to photograph artwork displayed at the show and use artist-provided materials for publicity purposes. The Artist agrees to report sales proceeds to the proper governmental agencies. I have read and understand these terms fully and agree to abide by these rules, terms, and conditions.

ARTIST SIGNATURE

DATE

Office Use Only: YES () NO ()
Postmark _____
Bio ___ Images ___ Return Env ___