

Mattie Rhodes Center Gallery
 919 West 17th Street ♦ Kansas City, Missouri 64108
 Phone: 816-221-2349 ♦ Email: artsinfor@mattierhodes.org
 www.mattierhodes.org

Office Use Only
INV IN ____
Label ____
Barcode ____
INV OUT ____

YOUTH SUBMISSION FORM

Artist Full Name: _____ Date: _____

Address: _____

City: _____

Main Phone: _____ School Name: _____

Email: _____ Grade: _____

YOUTH ART & EXPRESSIONS Exhibition - FEBRUARY 19th – 27th 2016

List of Submitted Works:

	Title	Size	Media	Retail Price	Sold? Y/N	Artist Initial and Date Upon PICK-UP
1.						
2.						
3.						
4.						

All STUDENT artwork will be on display at the **Mattie Rhodes Center** from the time period of **FEBRUARY 19th – FEBRUARY 27th, 2016**. All STUDENT Artists have agreed to loan the above artwork(s) to the Mattie Rhodes Center Gallery, 919 West 17th Street, Kansas City, MO. *Within that time any and all artwork(s) that are for sale will be sold at the above retail price.* The ENTIRE sale price goes to the STUDENT Artist and will be paid by check within 30 days from night of exhibit opening. Within that time stated above, Mattie Rhodes Center will assume all responsibility for the display and care of the above artwork(s) including liability against damage or loss. **All unsold artwork must be picked up immediately following the closing date of the show and no later than MARCH 5th, 2016.** In regards to any artwork that remains beyond this date, Mattie Rhodes Center will no longer assume any responsibility for the display and care of that artwork and will no longer be liable against damage or loss. **Please pick up artwork promptly!**

 Artist or Artist Representative (print name)

 Mattie Rhodes Center Art Gallery (print name)

 (Signature)

 (Signature)

Please Check _____ I give Mattie Rhodes Center permission to photograph and reproduce images of above artwork for the sole purpose of promoting the art exhibit and gallery. Mattie Rhodes Center will make no direct profit from images of above artwork.