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**Boston Printmakers**  
*Marking Time*  
**August 5 -September 16, 2017**

**Artist's Name:**

**Email:**

**Phone:**

**Mailing  
Address:**

I prefer to be contacted via:     telephone     email

**Title of Work:**

**Medium:**

Artist agrees to offer the work for sale, Sale Price: \$\_\_\_\_\_

Artist requests work not be offered for sale, Insurance Value \$\_\_\_\_\_

Artist agrees that Cotuit Center for the Arts will receive 40% of the sale price and will pay the artist 60% of the sale price. Fee to be paid within 2 weeks after conclusion of exhibit.

**Artist agrees that accepted work will remain on display at CCftA for the FULL duration of the exhibit**

Cotuit Center for the Arts agrees that by taking possession of the above described artwork we will take reasonable care to return it in the same condition as when received. CCftA will not be / is not responsible for any materials, or lost, stolen, or damaged artwork while being exhibited or in the care, custody, and control of CCftA. This contract is terminated upon return of the described artwork to the artist.

Artist's Signature:

Date:

**Attach this portion to the work:**

Artist Name:

Title of Work: