

# Mansfield District Hospital Auxiliary—Art Show Entry Form

# CONDITIONS OF ENTRY

*Signing this form indicates acceptance of the conditions of entry.*

EXHIBITOR NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

Email: \_\_\_\_\_

I acknowledge that I have read and understood the conditions of entry and agree to be bound by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bank Account details for art sales payment: Are you subject to GST— Yes / No (please circle)

Account Name: \_\_\_\_\_ BSB: \_\_\_\_\_ Account No: \_\_\_\_\_

| TITLE <input type="checkbox"/> Indicate pairs. If pairs can be sold separately they must be entered as separate paintings. | MEDIUM         | SIZE eg small, medium or large | PRICE          |
|--|----------------|--------------------------------|----------------|
|  |                |                                |                |
|  |                |                                |                |
|  |                |                                |                |
|  |                |                                |                |
|  |                |                                |                |
| <b>Method of delivery and return</b><br>(please tick preference ✓)   | <b>Courier</b> | <b>Post</b>                    | <b>Deliver</b> |

Attach artist's resume (optional)

Has an EFT payment been made direct to Auxiliary's Bank Account instead of a cheque. If so **ensure your name is noted with payment**

Tick if you agree for your artwork to be used for promotional material

- Entries must be received by the Art Show Secretary, Jan Bedford, 156 Highton Lane, Mansfield 3722 By: Friday 25th October, 2024 Phone: 0412 431 547 or Email: mdhartshow@gmail.com
- A fee of **\$15.00** for each small/medium artwork and **\$20.00** for each pair or large over 1.4 sqm (including frame) is to be charged for each artwork exhibited.  
The entry fee must be enclosed with the entry form via **EFT payment** to Auxiliary's Bank Account: **BSB: 633 000 Account No: 147537948**
- Artists registered for GST must advise as shown. **Any invoice, record of GST payment/return is entirely the responsibility of the artist. This should be taken into consideration when setting selling prices.**
- A commission of 25% will be charged for each sale.
- Each exhibitor may enter no more than four artworks which must be new exhibits including linocuts, not previously entered in **this Art Show. The Mansfield District Hospital Auxiliary reserves the right to reject any work for any reason. If an entry is not exhibited for any reason, the entry fee will be refunded. Display of all artwork is subject to space availability.**
- Each exhibit must be clearly marked on the back with the **TITLE** of the artwork, the **PRICE** and the **ARTIST'S NAME** and delivered to the Masonic Hall, 26 Highett Street, Mansfield between 9.00am—10.00am on **Wednesday 30th October** or posted to the Mansfield District Hospital, 53 Highett Street, Mansfield 3722 arriving no later than **Tuesday 29th October.**
- Each artwork is required to be prepared for hanging with eyehooks and wire fitted on the back.
- All reasonable care will be taken with exhibits, but no responsibility is accepted for damage.
- \$2,000.00 will be awarded by the Rotary Club of Mansfield for the winning entry. This prize is acquisitive. The artwork will form part of the Mansfield Rotary Art Collection.
- \$1,500.00 will be awarded by the Harry & Clare Friday Foundation for best entry by a local artist. This prize is non-acquisitive.
- Artwork does not include photo entries.
- Unsold paintings are to be picked up between **3.30pm—4.30pm on Monday 4th November.**

**PLEASE KEEP THIS PAGE**

**PLEASE RETURN THIS PORTION AND RETAIN THE CONDITIONS OF ENTRY**