

2009 Summer Members' Show

DATE OF EXHIBITION: May 31 through July 5.

LOCATION: Kent Art Association Gallery, Rte.7 South Main St, Kent, Connecticut.

RECEIVING DATE: Saturday, May 30, 10 am-2 pm at the KAA Gallery, Route 7, 21 South Main Street (just south of the traffic light), Kent, Connecticut. ALL WORK MUST BE HAND DELIVERED. (Please bring a recent copy of your bio for visitor reference.)

REMOVAL OF WORK: Work not accepted for exhibition may be picked up during exhibition hours. Exhibited work may be removed Friday, July 10, 1-4 pm or Saturday July 11, 10am-1pm. No early pickups. Strictly adhered to!

OPENING RECEPTION: Friday, June 5, 5-7 pm.

AWARDS RECEPTION: Saturday, June 6, 2-4pm.

ELIGIBILITY: PAID MEMBERS ONLY.

Artists may become members on receiving days.

Oils, watercolors, pastels, graphics, acrylics, small sculpture, artistic collage and non-objective (abstract) are acceptable in the Members' Show. No computer prints or performance art. Paintings are limited to 42" wide. Sculpture must be free standing, limited to 50 lbs., and no larger than 36" in any direction. In regard to prints, we accept wood blocks, linoprints, and hand-pulled prints, i.e. monotypes, etc. Wrap Around Canvas will be accepted for oils and acrylics on canvas. Wrap Around Canvas MUST have its sides covered with a continuation of the painting itself around the edges. No staples should be visible when the painting is hung. ALL WORKS MUST BE ORIGINAL, FOR SALE, RECENTLY EXECUTED and NOT PREVIOUSLY SHOWN AT THE KAA GALLERY. Portraits should show price of similar work. Sale price must include frame. Pictures must be framed and ready for hanging with screw eyes and wire. A limit of two entries per artist. The Kent Art

Association, Inc. reserves the right to reject any and all works of art submitted to its exhibition irrespective of jury decision. **Every member will have at least one piece shown subject to jury approval.**

AWARDS: Awards ceremony will be held on Saturday, June 6 at 3 pm. Changes and/or additions to awards may be listed in the catalog.

ENTRY FORM: All entries must have entry forms properly filled out and attached to the back. (Attach to upper left corner of picture frame). PLEASE PRINT CLEARLY. DO NOT WRITE.

SALES: A commission of 30% will be deducted from the purchase price of all sales.

ENTRY FEES: A fee of \$20 will be charged for up to 2 pieces. Entry fees are NOT refundable. The *Work Pickup Receipt* must be presented to obtain works at time of pickup. A self-addressed envelope is **NOT** necessary for this show.

RESPONSIBILITY: The greatest possible care will be taken in handling works, but not KAA, Inc. nor any of its agents shall have any responsibility whatsoever for any loss or damage to any entry from any cause whether such entry shall be on display, in storage or in transit. Artists must carry their own insurance if deemed necessary. The Gallery requests the right to photograph work for the catalogue or press information. Submitting an entry to this exhibit implies agreement on the part of the sender with the conditions set forth above.

Open Thursday - Sunday 1:00 pm to 5:00 pm.

Closed Monday - Wednesday.

For information call 860.927.3989

Email: kent.art.assoc@snet.net

Website: www.kentart.org

Show Chairman: Sally Lyons

Co-Chairman: Justine Coleman

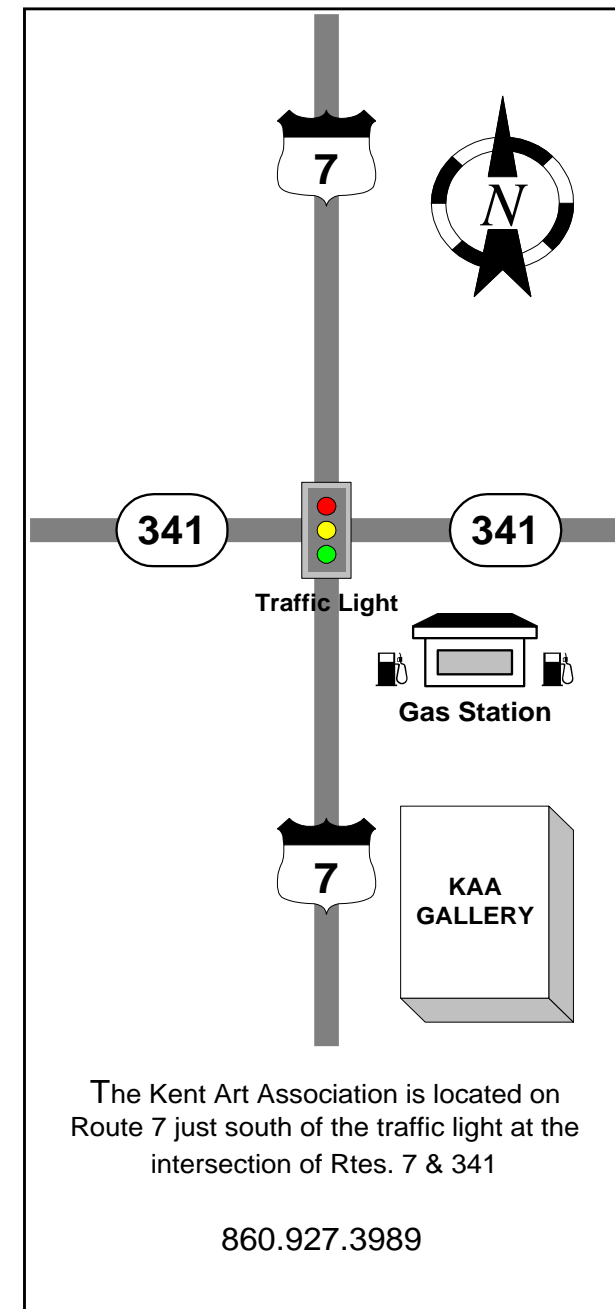
Jury of Selection: The Exhibition Committee

Jury of Awards: Sally Sargent Markey
Karen Cashman
Clayton Buchanan

Awards of Excellence

Five \$100 Awards will be presented for outstanding work in any medium.

Upcoming Events
Paul Gould Critique
Thursday, June 18th 7 - 9pm



1. ENTRY FORM SM-09

Attach this end only. Let the rest hang free.

THE KENT ART ASSOCIATION, INC.
P.O. Box 202, Kent, CT 06757

Attach entire entry slip to back upper left corner of picture frame, or tape securely to sculpture. PLEASE PRINT LEGIBLY

Name _____

Address _____

City, State, Zip _____

E-mail _____

Title _____

Medium _____ Size _____

Phone _____ Price _____

I agree to conditions set forth in prospectus.

Signature _____

ALL WORKS MUST BE FOR SALE

2 WORK PICKUP RECEIPT SM-09

Name _____

Address _____

City, State, Zip _____

Title _____

RETAIN THIS RECEIPT

You must present it to obtain your work

TOTAL ENTRIES:

3 FOR CATALOGUE - PLEASE PRINT LEGIBLY

Name _____

Address _____

City, State, Zip _____

Title _____

Medium _____ Phone _____

All Works Must Be Priced!! → **PRICE:**

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2009 Summer Non-Juried Members' Show

Our 86th Year



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