



# The Mountain Artists Guild, Inc.

## 2025 Spotlight Room/Feature Wall Consignment Agreement and Contract

Member Artist Name (Contact Person): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Show Name: \_\_\_\_\_

Show Dates: \_\_\_\_\_ to \_\_\_\_\_ Intake Date: \_\_\_\_\_ 10am – 2pm

Pick-up Date: \_\_\_\_\_ 11am – 3pm

### Consignment Terms

Select	Room	Fee
	Feature Wall	\$100 per month
	Spotlight 1	\$200 per month
	Spotlight 2	\$250 per month
	Optional Banner	\$75

**Banner will be ordered when the contract is signed and paid in full. Artist to provide 3-5 high resolution images for banner no less than two weeks before intake date for timely delivery. No refund on Banner after ordering.**

**Commission: Members: 75% to Artist / 25% to MAG; Non-members: 60% to Artist / 40% to MAG**

All work must be gallery ready and conform to [Gallery Guidelines](#). All work submitted remains the property of the artist until sold by The Mountain Artist Guild (MAG). Consignment with MAG is at the artist's sole risk for damage or theft. Membership with the Mountain Artists Guild is required by at least one artist.

MAG will use care in handling and protecting consigned items but will assume no liability for loss or damage. By signing this contract, I (we) hereby release MAG staff, volunteers and directors from any responsibility, personal liability or claims for loss or damage arising from my (our) participation in this exhibition/show.

**Cancellation - 30 days before, MAG retains a \$50 processing fee; within 30 days, there is no refund**

I agree to provide an inventory list no less than five days prior to my intake date

I agree to attend my 4th Friday reception on \_\_\_\_\_ and help provide food / refreshments for the event.

OR

I WILL NOT attend my 4th Friday reception and choose to pay \$20 to cover costs.

Artist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEMBER?**

Yes  No

**Total Balance Due:** \$ \_\_\_\_\_

Date: \_\_\_\_\_

**50% Deposit Paid:** \$ \_\_\_\_\_

Date: \_\_\_\_\_

**Balance Due:** \$ \_\_\_\_\_

Due Date: \_\_\_\_\_ (45 days before intake)

Authorized Guild Rep: \_\_\_\_\_

Date: \_\_\_\_\_

Attach paid receipt