



**Members Only Exhibit**  
**Primary Colors – Pastel Perceptions**  
 Lake Eustis Museum of Art  
 May 12 - June 17, 2017

Pastel Society of Central Florida

**APPLICATION DEADLINE: April 28, 2017**

**Drop-off Date:** Tuesday, May 9

**Drop-off Location:** Lake Eustis Museum of Art - 1 West Orange Ave., Eustis 32726

**Drop-off time:** 11:00 a.m. - 2:00 p.m. (Museum Director will install the exhibit)

**Meet the Artists Reception: Friday, May 12, 2016, 5:30 p.m. – 7:30 p.m.**

**PICK-UP:** Tuesday, June 20, 2016: 11:00a.m. – 1:00 p.m.

**PSCF Exhibit Rules:** See PSCF Exhibit Rules, Page 2

**Entry fee:** \$15 for one painting; \$20 for two; \$25 for three. **NEW FOR THIS EXHIBIT:** Please fill out and put attached label (see page 3) on the back of each of your paintings.

**Make check payable to: PSCF**

**Mail application and check to: Deborah Shelley**  
**9710 East Dewey Robbins Road**  
**Howey in the Hills, FL 34737**

More info contact Exhibit Chair: [drshelley@earthlink.com](mailto:drshelley@earthlink.com); or 407.967.7932

ARTIST NAME \_\_\_\_\_ PLEASE PRINT CLEARLY

*(Name to appear on Title Card)*

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

Title #1: \_\_\_\_\_ Framed Size \_\_\_\_\_ PRICE (OR NFS): \$ \_\_\_\_\_

Title #2: \_\_\_\_\_ Framed Size \_\_\_\_\_ PRICE (OR NFS): \$ \_\_\_\_\_

Title #3: \_\_\_\_\_ Framed Size \_\_\_\_\_ PRICE (OR NFS): \$ \_\_\_\_\_

**Though all possible care will be taken to safeguard my work, I understand, and agree, that neither PSCF nor Lake Eustis Museum of Art (and/or agents of either organization) will be responsible for loss or damage of art.**

**By signing this Exhibit Application, applicant agrees to abide by the dates and times listed above and the PSCF Rules listed on page two of this application.**

ARTIST SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Pastel Society of Central Florida (PSCF)**  
**Art Exhibit Entry Rules**

**Art work submitted for any PSCF Exhibit must meet the following requirements:**

1. All art exhibit entrants must be members in good standing with PSCF. Membership dues may be submitted with exhibit application.
2. Artist's original work only. Specifically, artwork must be the artist's own composition and design, produced solely by the artist. Artwork created at a workshop or under supervision is not permitted. No copies or likenesses of another artist's work including published source or reference not attributable to the artist.
3. Artwork must not have been shown in a previous PSCF art exhibit.
4. Artwork must be predominately Soft Pastel (90%) and have been completed within the past 3 years.
5. Artwork must be ready for display (properly framed and wired for hanging). Saw tooth hangers and/or poorly framed work will be not be accepted.
6. Artwork title, medium, artist's name, phone number and price (or NFS) must be securely attached to the back of artwork.
7. After a piece has been entered in a PSCF exhibit, no substitutions for that entry will be permitted. Name changes for "untitled" entries are not permitted.
8. Framed size is limited to 48" wide.
9. Artwork must be delivered and picked up during the specified time.  
Artwork may not be picked up early.  
If you desire someone else to pick up your work they must present written authorization signed by you.
10. Artwork must be suitable for family viewing. Decisions of the Exhibit Committee will be final.

Pastel Society of Central Florida Exhibit  
Artist Painting Identification Label

Please attach one of the following labels to the back of each piece of artwork, in the upper right hand corner. Thank You!

TITLE \_\_\_\_\_  
ARTIST \_\_\_\_\_  
PRICE \_\_\_\_\_  
Phone Number \_\_\_\_\_

TITLE \_\_\_\_\_  
ARTIST \_\_\_\_\_  
PRICE \_\_\_\_\_  
Phone Number \_\_\_\_\_

TITLE \_\_\_\_\_  
ARTIST \_\_\_\_\_  
PRICE \_\_\_\_\_  
Phone Number \_\_\_\_\_