



THE ART GALLERY

LEXINGTON

TEXTURES

Sept. 12 - Nov. 7, 2026

Art Pick-up: Sat. Nov. 14, 9:30 am - 1 pm, 2026

Thank you for submitting your artwork for consideration for this juried exhibition. The purpose of every exhibit is to celebrate the artists' creative and artistic talents and enhance the aesthetic environment at Grace Chapel. Selected pieces will be exhibited in the *Art Gallery* at Grace Chapel, which is the space adjacent to the west entrance to our *Crossroads Café*.

Artist Name (PRINT): _____

Address: _____ email: _____

City, State, Zip: _____ Phone (_____) _____

Title: _____ Medium: _____

Thank you for your art fee (\$8 each or 2 for \$15). The lower section of this form serves as a receipt. **Amt. Pd. \$** _____

Artists whose work is not selected will be notified by email on **Wed. Sept. 9, 2026**

All artwork shall remain on display for the entire duration of the exhibit (dates noted above). By signing here, you also give us permission to use photographs of your work in our advertising and on our website.

The Gallery is housed in a common and unsecured area of our church building. Anyone is welcome and able to view the exhibits whenever the church building is open. Our insurance coverage will not cover any loss or damage to your piece. By loaning us your work, you agree to release Grace Chapel from any and all liability associated with loss or damage to your artwork left in our custody.

Artist Signature: _____ **Date:** _____

No submitted artwork is to be sold by Grace Chapel. However, artist contact information will be made available during the exhibit should an individual have interest in purchasing a piece after the exhibit is over, and once the piece has been returned to the artist. No pricing information will be displayed or disclosed by Grace Chapel. The pricing of available pieces will only be disclosed when an interested party contacts the artist directly.

Please let us know if you do sell your work.

Check ONE: ☐ **YES**, piece IS for sale ☐ **NO**, piece IS NOT for sale

If **YES**: Your ☐ email address and/or ☐ phone number will be on the display card for prospective buyers to contact you directly. Check off your preferred contact method. (Home address will be kept confidential)

Artist Signature acknowledging return of artwork: _____

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Amount received by the GC Art Gallery \$ \_\_\_\_\_ Gallery Staff initials \_\_\_\_\_

Date: \_\_\_\_\_ **Exhibited work pick-up Sat. Nov. 14, 9:30 am - 1:00 pm, 2026**