



The Grand Pavilion Porthcawl

The Grand Pavilion, The Esplanade, Porthcawl, CF36 3YW / Pafiliwn y Grand, Rhodfa, Porthcawl, CF36 3YW

Direct line / Deialu uniongyrchol: (01656) 815995

Summer Exhibition: Monday 10 - Sunday 16 August

Dear Artist

The Grand Pavilion Porthcawl would like to invite you to submit work for the 2015 Summer Exhibition to be held in the main hall from Monday 10 August to Sunday 16 August.

There is no theme for the exhibition this year and artists are invited to submit works that **have not** been seen in the Grand Pavilion before.

You are invited to submit up to 5 works.

Unfortunately, we cannot guarantee that all work submitted will be shown. A selection panel will review the submissions and decide on the final content of the show.

Work should be submitted to the Grand Pavilion, **wrapped** (ideally in a bubble wrap envelope), **clearly labelled** on the back of the picture and on the wrapping, and with **mirror plates** attached.

Submissions can be made to the Box Office between **20 - 25 July** between the hours of 10am – 4pm. To avoid lengthy queues, **please** don't wait until the last day to submit your work.

All artwork submitted **must** be accompanied by the completed **Entry Form** and **Artwork information sheet** below. Please complete the **Payment by BACs Form** if you wish to sell your work and be paid via bank transfer. Alternatively you can be paid by check for which there is a £3.00 administration fee.

Following selection all artists will be contacted. Work which cannot be shown will be stored and can be collected after the exhibition. **All work will be available for collection from the Pavilion after 2pm on Monday 17 August.**

While every effort will be taken to ensure the security of submitted work, the organisers cannot accept liability for loss or damage to work submitted or included in the exhibition.

We appreciate the great effort that goes into producing works of art, and thank all those who submit work for their efforts.

If you have any queries, please contact The Grand Pavilion on 01656 815995 or myself at Lesley.dearn@btinternet.com.

Kind regards
Lesley Dearn

Instructions for participating artists

TITLE: Summer Exhibition DATES: **Submission between 20 – 25 July 2015**
Exhibition: 10 August - 16 August 2015

1. The theme: Work on any theme may be submitted.
2. Work may be in any media but must be suitable for safe hanging.
3. Individuals may submit up to 5 pieces of work for selection.
4. We expect to receive more work than can be hung. A team of 3 selectors will choose work - to ensure a high standard and contribute to a professional, coherent exhibition;
5. All work should be original and should **not have been shown at this venue before**.
6. The selectors cannot ensure that work by members of every group or society will be included.
7. Work may be rejected if it does not comply with these instructions, or if the frame is considered unsafe or the image incongruous to the exhibition as a whole.
8. Work must have **mirror plates** securely attached; it should be wrapped in a minimum of packaging to ensure safe handling and storage. Ideally construct a bubble wrap envelope for convenience. (We cannot guarantee return in the same packaging).
9. A label must be securely fixed to the back of the art work giving the artist's name, the title, the price, the media and a contact number. Please label wrapping with name.
10. Prices should include 15% commission.
11. Work **MUST NOT** exceed 30 ins/76 cms in width – including frame.
12. Artists will be responsible for insuring their own work.
13. The work plus the entry form should be handed in at the Pavilion box office between:
Monday 20 July – Sat 25 July 2015 from 10am – 4pm
Please ask for a receipt for your work.

All work, including any which could not be included in the exhibition, can be collected from the box office following the exhibition after **2pm on Monday 17 August**.

PLEASE NOTE work may not be included for a number of reasons not connected to the quality of the work, such as size, lack of space or incongruity with other work. Please do not be disheartened or discouraged from submitting work in the future. Please talk to the visual arts organizer if you want more feedback.

For further information contact The Grand Pavilion on 01656 815988 or email Lesley Dearn at:
lesley.dearn@btinternet.com



Porthcawl Summer Exhibition 2015 Entry Form

Contact Details:

Name:

Email address:

Telephone Number(s):

Address:

.....

Number of work submitted:

Title 1:

Ref number:

Title 2:

Ref number:

Title 3:

Ref number:

Title 4:

Ref number:

Title 5:

Ref number:

Please circle/tick appropriate answer

My work is **labeled** on the back with Name, Title, Medium, Price Yes No

My work has **mirror plates** attached, ready for hanging Yes No

My work is available **for sale** Yes* No

*If you are selling your work you must complete a Payments Form (available from Box Office)

You must complete the labels sheet so that we have accurate information for each piece of work submitted.

Labels:

Name of Artist:

Title of Artwork:

Dimensions (framed): W.....H.....**Price:**.....

Medium:**Ref:**.....

.....

Name of Artist:

Title of Artwork:

Dimensions (framed): W.....H.....**Price:**.....

Medium:**Ref:**.....

.....

Name of Artist:

Title of Artwork:

Dimensions (framed): W.....H.....**Price:**.....

Medium:**Ref:**.....

.....

Name of Artist:

Title of Artwork:

Dimensions (framed): W.....H.....**Price:**.....

Medium:**Ref:**.....

.....

Name of Artist:

Title of Artwork:

Dimensions (framed): W.....H.....**Price:**.....

Medium:**Ref:**.....

TO: CENTRAL PAYMENTS TEAM
BRIDGEND CBC, WING 2 RAVENS COURT
BREWERY LANE, BRIDGEND, CF31 4AP

Telephone: 01656 643308
Fax: 01656 642432
Email: plteam@bridgend.gov.uk



PAYMENT BY BACS REQUEST

SUPPLIER REFERENCE NUMBER:	<input type="text"/>
NAME:	<input type="text"/>
POSITION: (if a company)	<input type="text"/>
NAME OF ORGANISATION: (if a company)	<input type="text"/>
ADDRESS:	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>
POSTCODE:	<input type="text"/>
CONTACT TEL. NO:	<input type="text"/>
NAME OF BANK:	<input type="text"/>
BRANCH ADDRESS:	<input type="text"/>
SORT CODE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ACCOUNT NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BUILDING SOCIETY ROLL NUMBER	<input type="text"/>
SIGNATURE:	<input type="text"/>
DATE:	<input type="text"/>