

Teacher Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Cooperstown Art Association  
Student Loan Form*

<i>Student Name</i>	<i>Grade</i>	<i>Title</i>	<i>Medium</i>

Lender named above agrees to lend these listed objects to the Cooperstown Art Association for use in exhibition. The lender is aware that the responsibility for insurance coverage of all artwork remain with the artist (unless otherwise arranged). The artist also understands that the gallery will make every effort to pay the 70% artist commission within 30 days from the close of the exhibition.

Signature at Drop-off of work: \_\_\_\_\_

Signature at Pick-up of all unsold work: \_\_\_\_\_