

Hours of Operation:
Tuesday – Saturday
10 AM – 4 PM

Phone: (228) 875-6732
Email: themaryc@oceansprings-ms.gov
1600 Government St.
www.themaryc.art

Roster: _____

Category: _____



PROGRAM APPLICATION

This form's purpose is to gather general information about the proposed programming. A representative from the Mary C. will follow up to work out further details.

Name: _____ Business Name: _____
Email: _____ Phone #: _____

**For instructors to be paid sooner, we have cut off registration for classes one week before the class starts. If the time of receiving your payment is not an issue, you have the option to continue your registration past the one week cut-off.*

Would you like for your class registration to cut off one week before the class starts? _____ YES _____ NO *(If you marked no, please note how many days before the start of class that you would like for registration to end. _____ days before class starts.)*

- Name of program: _____
- Date(s) and time of program: _____
- Brief description of program:

- Is the program a repeating class for repeating participants (i.e. a 6 week class that meets once a week with the same participants each week)? **YES / NO**
 - If so, how long does the program run?
_____/days, _____/weeks, _____/months

- If so, how often does the class meet? (i.e. once every week, twice a month, etc.)

• Duration of each session (i.e. 2 hours): _____

• Number of sessions willing to teach (i.e. 2 classes): _____

• Number of participants per program:

min _____ max _____ age group(s): _____

if the class occupancy is more than 30 people, then insurance is required

• Type of room needed for class (classroom, outdoor space, kitchen, theater, etc.):

• If more than one room is required, please state your reason.

• Any special requirements for class? (i.e. projectors, microphones, etc.)

**The instructor is responsible for table and chair set-up, as well as providing promotional materials (photos, videos, graphics) for marketing.*

• Table & Chair Accommodation:

○ amount of tables _____ amount of chairs _____

• Proposed cost per participants: \$ _____ materials included in participant fee?

YES / NO

○ If material fee is not included in participant fee, what is material fee? \$ _____

• If the Mary C were to hire you for an event, what is your hourly rate (not applicable to all)? \$ _____/hr

Standard split of profits: 25% Mary C / 75% Instructor

Instructor Signature: _____

MCOK USE:

Arts & Culture Coordinator Signature: _____



City of Ocean Springs – Background Check Form

Authorization for Inquiry and Release of Information

Having made application for programming with the City of Ocean Springs, Mary C. O'Keefe Cultural Arts Center, I hereby authorize the City to research and make inquiry of my history and records including academic, military, employment, judicial, criminal, driving record, personal references, and/or online social networking pages. I further authorize the release of all such information to the City, and I agree that such organization persons, and others shall not be held liable for such information or damages that may result from furnishing the information requested. I understand my rights under the Act of 1974, with regard to access and disclosure of records, and I wave these rights with the understanding that information furnished will be used by the City of Ocean Springs for the _____.

This Authorization will be valid whether as an original, a photocopy, or a fax copy, and remains valid for one year after I sign. Upon request, a copy of this signed Authorization may be furnished to the present or former employer, criminal justice agency, or other persons and organizations asked to provide information.

Last Name: _____

First Name: _____

Middle Initial: _____ Date of Birth: _____

Social Security #: _____

Cell Phone: _____

Have you ever worked or attended school under any other name?

Yes _____ No _____

If Yes, What Name(s) _____

Mailing Address, Including Apt or Lot # if applicable

Physical Address, if different from mailing address

Previous Address, if less than two years at current address

Driver's License Number: _____ State: _____ Exp. Date:

Signature of Applicant: _____ State: _____ Exp. Date:

DO NOT MARK BELOW THIS LINE OFFICIAL USE ONLY

REQUEST FOR CRIMINAL BACKGROUND CHECK FOR _____

Date Requested: _____ Reason/Position: _____

Requested By: _____

Passed: _____

Failed: _____

Reason/Comments:

Questions or concerns? Contact Arts & Culture Coordinator, Sarah Qarqish at sqarqish@oceansprings-ms.gov, or call (228) 875-6732 for more information.



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ARTIST WAIVER OF LIABILITY

ARTIST: _____

TELEPHONE: _____

EMAIL: _____

SHOW TERM: **GIFT SHOP**

This contract is made and entered into this _____ day of _____ (month), _____ (year), between the Galleries @ the Mary C. (MC), consisting of Local Creatives Gallery and Duckett Gallery, and _____ (Artist), and shall abide by the following stated terms:

PLEASE INITIAL BELOW

☐ Artist recognizes that the Mary C is owned, operated, and managed by the City of Ocean Springs, Mississippi (City), and that any rights or releases Artist grants to MC herein, Artist also grants to the City.

recommends that Artist carry their own personal property insurance. The Artist acknowledges and accepts that MC does NOT insure the Artist's artwork. The Artist releases MC and the City from liability for any and all losses to the artwork.

☐ Artist certifies that all artwork offered for sale is that their own and they possess all rights to the artwork.

☐ The Artist, their heirs, successors, and/or assigns, shall indemnify and hold MC and the City, their appointed officers, volunteers, and employees harmless from any and all claims, costs, and liabilities for any artwork damage, personal injury, death, or other property damage which is the result of handling and displaying the artwork at the Galleries @ The Mary C.

☐ MC agrees to sell the artwork consigned to it by the Artist only for the price listed by the Artist and agreed to by MC on the inventory sheet. The Artist may authorize MC to undertake a sale of a particular Artwork for a price less than the listed on the inventory sheet.

☐ Artist will have inventory sheet provided by email to **sqarqish@oceansprings-ms.gov** upon Artwork's arrival to MC. The inventory sheet must be a workable document. The Artwork will have name, title and price attached to each piece.

☐ The Artist grants MC the right to make and display reproductions of the artwork for promotional purposes during the show term in any manner deemed commercially reasonable by MC.

☐ Artist will receive payment for sold Artwork at the end of the show term. 60/40 split: 60% Artist, 40% MCOK

☐ The Artist understands that reasonable safety and electronic security precautions are in place to ensure added protection of Artist's artwork by MC. The Artist also understands that MC strongly

☐ MC will have the right to terminate this contract at any time.

ARTIST SIGNATURE: _____

DATE: _____

MCOK SIGNATURE: _____

DATE: _____

INVENTORY SHEET
RECEIVED:
please initial

☐ MCOK
☐ ARTIST
DATE _____

ARTWORK PICKED
UP BY ARTIST:
please initial

☐ MCOK
☐ ARTIST
DATE _____

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PROGRAM APPLICATION EXTENSION FOR EXISTING PROGRAMS

This application is a request for an extension/ongoing time slot for a class that has already had at least one session and has been approved by the Arts and Culture Coordinator.
The Mary C. O'Keefe Cultural Arts Center

If you plan to request an extension for more than one class genre, please fill out an application for each class individually, including all proposed extension/ongoing dates for each one.

Instructor Name: _____
Business Name: (if applicable) _____
Email: _____ Phone #: _____

Name of Class (program): _____

Brief description of what your class program offers: (Please word for social media marketing as well)

Please circle length of your program:

Weekly M-F	One Time	Weekends Only	Other (Please explain below)

Requested extension/ongoing dates:

	Dates of Class Program	Class times	Min. students	Max. Students	Ages +/-	Price
1						

The Mary C will provide tables and chairs according to the number of students Instructors are responsible for:

-students safety, always: never leave students unattended

-all table & chair set up, before and after each class

-daily room clean up: sweep, mop (if needed), table wipe down, empty trash cans, etc.

-all class materials: please factor the cost of materials into your class price.

-any special equipment needed (unless pre-arranged with MC Faculty): extension cords, microphones, speakers, projectors, etc.

- The Mary C. standard split for all classes, camps, and programs is: 75% Instructor / 25% Mary C

If all information above is correct, please sign below agreeing to all terms:

Instructor signature: _____ Date: _____

MCOK USE:

Arts & Culture Coordinator Signature: _____ Date: _____