



**Sunshine &/or Shadows**

Entry Form: (Please fill in completely and print clearly)

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

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

1. Title: \_\_\_\_\_

Medium: \_\_\_\_\_ Price \_\_\_\_\_ Size \_\_\_\_\_

Insurance value if painting is not for sale \_\_\_\_\_ Is Painting for Sale? YES/NO

If sold, would you like to donate a percentage to the Foundation Art Show Fund? YES/NO

If yes, what percentage or how much? \_\_\_\_\_

2. Title: \_\_\_\_\_

Medium: \_\_\_\_\_ Price \_\_\_\_\_ Size \_\_\_\_\_

Insurance value if painting is not for sale \_\_\_\_\_ Is Painting for Sale? YES/NO

If sold, would you like to donate a percentage to the Foundation Art Show Fund? YES/NO

If yes, how much? \_\_\_\_\_

3. Title: \_\_\_\_\_

Medium: \_\_\_\_\_ Price \_\_\_\_\_ Size \_\_\_\_\_

Insurance value if painting is not for sale \_\_\_\_\_ Is Painting for Sale? YES/NO

If sold, would you like to donate a percentage to the Foundation Art Show Fund? YES/NO

If yes, what percentage or how much? \_\_\_\_\_

\*\*\*Please be sure your artwork has your name, title, and contact number attached to the back.

Sign here to indicate that you have read, understand and agree to the guidelines in the Call to Artists.

Artist signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# \_\_\_\_\_ of pieces checked in by curator.

# \_\_\_\_\_ of pieces checked out at close of show.

Title of art sold in this show: \_\_\_\_\_ Picked up by: \_\_\_\_\_