

**Southern Coos Hospital & Health Center Quarterly Art Show
Entry Form**

**Windows/Doors/Walls
January-March 2025**

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: _____

_____ of pieces checked in by curator.

_____ of pieces checked out at close of show.

Title of art sold in this show: _____ Picked up by: _____