

Art Guild of Middletown

NAME OF EXHIBITION _____

Name: _____

Address: _____

City/State/Zip:

Phone: _____

Email: _____

#1 Title/Medium/Asking Price:

#2 Title/Medium/Asking Price:

Total Due:

Paid Cash:

Paid Check: _____

I understand that the Art Guild of Middletown assumes no responsibility for damage of submitted work. Submission of all artwork, framing and other materials is at my sole risk. I agree to abide by these rules and conditions.

ARTIST SIGNATURE:

DATE:

ART LABEL 1 The Art Guild assumes no
Liability for loss or damage

ART LABEL 2 The Art Guild assumes no
liability for loss or damage

NAME (please print)

NAME (please print)

ADDRESS

ADDRESS

CITY

STATE

CITY

STATE

PHONE

PHONE

EMAIL

EMAIL

TITLE

TITLE

MEDIUM

PRICE

MEDIUM

PRICE

Total # of works submitted:

Total # of works submitted

SIGNATURE

SIGNATURE

Catalog copy 1

Catalog copy 2

NAME

NAME

ADDRESS

ADDRESS

CITY

STATE

CITY

STATE

PHONE

PHONE

EMAIL

EMAIL

TITLE

TITLE

MEDIUM

PRICE

MEDIUM

PRICE

Total # of works submitted

Total number of works submitted

SIGNATURE OF ARTIST

SIGNATURE OF ARTIST