

CONNECTICUT ARTISTS EXHIBITION **ENTRY CARD** SLATER MEMORIAL MUSEUM, NORWICH CT

MAKE CHECKS PAYABLE TO: The Slater Memorial Museum

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (Daytime) \_\_\_\_\_ EMAIL \_\_\_\_\_

1<sup>ST</sup> ENTRY

TITLE \_\_\_\_\_

MEDIUM \_\_\_\_\_

VALUE \_\_\_\_\_

2<sup>ND</sup> ENTRY

TITLE \_\_\_\_\_

MEDIUM \_\_\_\_\_

VALUE \_\_\_\_\_

I agree to all stated conditions and liability:

\_\_\_\_\_  
Artist's signature

FILL IN ALL REQUESTED INFORMATION ON CARDS BELOW, CLIP ALONG THE DOTTED LINES AND ATTACH TO BACK OF ENTRIES

Affix to lower left back of work, so that printed form faces lower front right. Grey box need not be visible. Text below must be visible when entry is installed (hanging on wall or displayed on pedestal).

*See illustration at right*



Affix to lower left back of work, so that printed form faces lower front right. Grey box need not be visible. Text below must be visible when entry is installed (hanging on wall or displayed on pedestal).

*See illustration at right*



TITLE \_\_\_\_\_

MEDIUM \_\_\_\_\_ VALUE \_\_\_\_\_

ARTIST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**A**  
**R** Entry # 1

TITLE \_\_\_\_\_

MEDIUM \_\_\_\_\_ VALUE \_\_\_\_\_

ARTIST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**A**  
**R** Entry # 1

TITLE \_\_\_\_\_

MEDIUM \_\_\_\_\_ VALUE \_\_\_\_\_

ARTIST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**A**  
**R** Entry # 2

TITLE \_\_\_\_\_

MEDIUM \_\_\_\_\_ VALUE \_\_\_\_\_

ARTIST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**A**  
**R** Entry # 2