

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 _____

1ST ENTRY

2ND ENTRY

TITLE _____

TITLE _____

MEDIUM _____

MEDIUM _____

VALUE _____

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 side on the 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 side of the 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