

ASHCROFT ARTS CLUB**Box 55, Ashcroft, BC V0K 1A0****MEMBER SPRING FINE ARTS SHOW ENTRY FORM****ENTRY FEE \$15.00 DUE _____****NAME _____ CITY _____***Only fill in phone number and email/website if you want them to appear in the catalogue***PHONE # _____ EMAIL/WEBSITE _____**

TITLE OF ART WORK	MEDIUM	IMAGE SIZE (Width x Height)	SALE PRICE
1			
2			
3			
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WAIVER: The undersigned agrees not to hold the Ashcroft Arts Club or any of the members, staff, or volunteer workers liable for any damage, loss, or injury to person or property sustained by reason of accident or incident occurring in or about their premises. Further, I waive any claim I have with respect to any loss of, damage or injury to my work submitted under this Entry Form.

All and any insurance coverage on the exhibited work is the responsibility of the Artist.

I HAVE READ & AGREE TO THE TERMS & CONDITIONS

SIGNED _____ DATE _____