



FINE ART SHOW ENTRY FORM

NAME _____ CITY _____

Only fill in contact phone number and email if you want them to appear in the catalogue

PHONE # _____ EMAIL/WEBSITE _____

I accept e-transfer payment for purchase of my work

☐ No ☐ Yes E-transfer EMAIL: _____

Entries must have been completed within the last two years and
not been previously exhibited within the region as per show [guidelines](#).

TITLE OF ART WORK	MEDIUM	IMAGE SIZE (Height x Width)	PRICE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

WAIVER: The undersigned agrees not to hold the Ashcroft Art 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 _____

Ashcroft Art Club Entry Form

Title: _____

Medium: _____

Artist: _____

Please tape this to the back of art piece

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