

WESTPORT ART GROUP

INTAKE FORM

RECEPTION at the ANNUAL MEMBERS' MEETING: Monday, October 16, 2017, 5:30 pm – 8 pm

SHOW DATES: Saturday, October 14 - Sunday, November 5.

Gallery Hours: Weekends 10 am – 4 pm and Wednesdays, 9 AM to 3 PM

Name _____

Mailing Address _____

Email _____

Phone _____

I understand that the Westport Art Group is not responsible for loss or damage to my artwork.

Signature _____

ENTRY INFORMATION: Artist's Name (Please Print)

Artwork Title #1 _____

Price _____

Medium _____

Artwork Title #2 _____

Price _____

Medium _____

PLEASE BRING FORM WITH ARTWORK TO: WAG Center, 1740 Main Road,
Westport Point, MA

FEE: \$15 – Two Paintings

WAG STAFF: Payment Received By _____ Cash Check # _____