

WESTPORT ART GROUP - ARTWORK REGISTRATION FORM

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 (Please Print Clearly)

Artist's Name _____

Artwork Title #1 _____

Price _____

Media _____

Artwork Title #2 _____

Price _____

Media _____

Artwork Title #3 _____

Price _____

Media _____

Artwork For Bin (Title, Medium, Price)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

PLEASE BRING FORM WITH ARTWORK TO: WAG Center, 1740 Main Road,
Westport Point, MA, on Wednesday, November 29, 2017 - 5 PM to 7 PM

WAG STAFF: Payment Received By _____ Cash Check # _____