West Pasco ART GUILD

SHOW ENTRY FORM

Show:		**Registration Date:**	
Judge:		**Removal Date:**	

Artist's Name:					
Number of Paintings: ***(Max determined by show)***		**Date:**		**Phone:**	

#	Title	Medium	Price
_____ **A**			
_____ **B**			
_____ **C**			

Entry fee: Members: $5 first for painting; $5 additional for each subsequent painting

Other Reciprocal Organization Members same as Members

Non-Members: $10 for first painting; $5 additional for each subsequent painting

I hereby agree to comply with the terms and conditions as set forth by the WPAG Gallery Show Rules and Regulations (2015) - available on the WPAG website. I understand that there will be no refunds once the submitted works are accepted and release the West Pasco Art Guild, Inc. from any responsibility for loss, theft, damages, etc. which may occur. I further agree that the **West Pasco Art Guild, Inc.** shall collect a commission of **TWENTY** percent **(20%)** on all cash and check sales completed and/or **TWENTY-FIVE** percent **(25%)** for credit or debit purchases.

In addition, ***I understand that the work I enter is an "ORIGINAL" piece of art*** and that it has not been copied from any other painting, published photos, or painting on photos and is in compliance with all **WPAG Show Rules**. If found to be a copy or in violation of WPAG Show Rules, any award will be forfeited.

_____ _____

Signature of Artist Date

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WPAG RECEIPT

Received from: _____ $_____ to cover the cost of entering the show.

$5 Donation for Reception Paid ☐ **Removal Date: _____**

Artist Sitting Dates/Times during six-week run of Show (2 times per month):

Date: _____ Time: _____ **Date: _____ Time: _____**

Date: _____ Time: _____ **Date: _____ Time: _____**