


**West Pasco  
ART GUILD** SHOW ENTRY FORM

|        |  |                    |  |
|--------|--|--------------------|--|
| Show:  |  | Registration Date: |  |
| Judge: |  | Removal Date:      |  |

|   |  |       |  |        |  |
|---|--|-------|--|--------|--|
| Artist's Name:  |  |       |  |        |  |
| Number of Paintings:<br><i>(Max determined by show)</i> |  | Date: |  | Phone: |  |

| Title | Medium | Price |
|-------|--------|-------|
|       |        |       |
|       |        |       |
|       |        |       |

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.

Removal Date: \_\_\_\_\_ Artist Sitting Date/Time: \_\_\_\_\_

Food or Donation for Reception (optional)