

WAA SHOW REGISTRATION FORM

For your convenience, please fully complete EACH form.

- Clip and attach one to your artwork.
- Bring the remaining 2 with payment to Registration Committee.
- Cash, Check, or Credit Cards accepted (Make checks payable to Wickford Art Association)

REGISTRATION FEES:

WAA Members

1 piece - \$16; 2 pieces - \$31; 3 pieces - \$38

Non-Members

1 piece - \$19; 2 pieces - \$37; 3 pieces - \$48

PLEASE PRINT LEGIBLY

WAA Exhibit: _____ Date: _____

Artist Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Email: _____

Phone: (_____) _____

Title of Artwork: _____

Medium: _____ Price: \$ _____

Wickford Art Association Office Use Only

Entry Fee: \$ _____ Cash: _____ Check #: _____ CC#: _____

PLEASE PRINT LEGIBLY

WAA Exhibit: _____ Date: _____

Artist Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Email: _____

Phone: (_____) _____

Title of Artwork: _____

Medium: _____ Price: \$ _____

Wickford Art Association Office Use Only

Entry Fee: \$ _____ Cash: _____ Check #: _____ CC#: _____

PLEASE PRINT LEGIBLY

WAA Exhibit: _____ Date: _____

Artist Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Email: _____

Phone: (_____) _____

Title of Artwork: _____

Medium: _____ Price: \$ _____

Wickford Art Association Office Use Only

Entry Fee: \$ _____ Cash: _____ Check #: _____ CC#: _____

