

WAA EXHIBIT REGISTRATION FORM

For your convenience:

Enter your information in the first section and the computer will populate the next 2 sections of the form. Print and bring the completed page(s) for **each entry** with you to registration.

NOTE: complete one full page (all 3 forms) for each entry.

REGISTRATION FEES:

WAA Members

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

Non-Members

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

Cash, Check, or Credit Cards accepted.
Make checks payable to:
Wickford Art Association



Wickford Art Association
36 Beach Street Wickford, Rhode Island 02852

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#: _____