

19th Sevier County Biennial Juried Exhibition

ENTRY FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

INTERESTED IN A SCHOLARSHIP AWARD? YES NO (CIRCLE ONE)

By signing below the Lender agrees to all dates and conditions as detailed on the prospectus, and understands Arrowmont requires a 40% commission on any artwork sold through the gallery.

Lender / Artist _____ Date _____

1. Title _____
Size (H x W x D) _____
Year Created _____
Medium _____
Price _____ Insurance Value _____
2. Title _____
Size (H x W x D) _____
Year Created _____
Medium _____
Price _____ Insurance Value _____
3. Title _____
Size (H x W x D) _____
Year Created _____
Medium _____
Price _____ Insurance Value _____

IDENTIFICATION LABELS

Attach to the back or base of each entry

1. Title _____
Arist _____
Medium _____

2. Title _____
Arist _____
Medium _____

3. Title _____
Arist _____
Medium _____