

20TH SEVIER COUNTY
BIENNIAL JURIED EXHIBITION

SUBMISSION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

WEBSITE _____ SOCIAL MEDIA _____

INTERESTED IN A SCHOLARSHIP AWARD? YES / NO (circle one)

IS THIS YOUR 1ST TIME SUBMITTING TO THE SCBJE? YES / NO (circle one)

By signing below, the Lender agrees to all dates and conditions as detailed in the prospectus, and understands that Arrowmont requires a 25% commission on works sold through the gallery in this exhibition. The Lender also understands that their submission does not guarantee acceptance into the exhibition.

LENDER / ARTIST _____ DATE _____

1. Title _____
Size (HxWxD) _____
Year Created _____
Medium _____
Price _____
2. Title _____
Size (HxWxD) _____
Year Created _____
Medium _____
Price _____
3. Title _____
Size (HxWxD) _____
Year Created _____
Medium _____
Price _____

IDENTIFICATION LABELS

Attach to the back or base of each entry

-
1. Title _____
Artist _____
Medium _____
 2. Title _____
Artist _____
Medium _____
 3. Title _____
Artist _____
Medium _____
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