



## Antigo Visual Arts Entry Form

You may submit up to 6 entries

Return, along with your show fees check to:

AVA, PO Box 312, Antigo, WI 54409

Date: \_\_\_\_\_

Artist's Name: \_\_\_\_\_

PLEASE CLEARLY PRINT YOUR NAME EXACTLY AS YOU WOULD LIKE IT TO APPEAR IN ANY MEDIA RELEASES & ON YOUR PRICE TILES

### **NEW ARTISTS MUST COMPLETE THIS SECTION** *(We only need this information once)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\*Email address: \_\_\_\_\_

\*Your email address is very important. More than 95% of AVA members receive email. It is our primary source of communication. If you do not have an email address we can't guarantee you'll receive AVA information on a timely basis.

Title of Artwork: \_\_\_\_\_

Medium: \_\_\_\_\_ Size *(includes frame)*: \_\_\_\_\_ Price: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Medium: \_\_\_\_\_ Size *(includes frame)*: \_\_\_\_\_ Price: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Medium: \_\_\_\_\_ Size *(includes frame)*: \_\_\_\_\_ Price: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Medium: \_\_\_\_\_ Size *(includes frame)*: \_\_\_\_\_ Price: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Medium: \_\_\_\_\_ Size *(includes frame)*: \_\_\_\_\_ Price: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Medium: \_\_\_\_\_ Size *(includes frame)*: \_\_\_\_\_ Price: \_\_\_\_\_