



art entry form

Please submit the top portion of this form with your artwork.

Please note: HCA takes a 30% commission on all work sold to support gallery operations. If you wish to not sell your artwork, note "NFS" as the price.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

No, you may not use photos of me or my artwork for publicity purposes.

No, you may not add me to your mailing list.

ARTWORK

①

ART TITLE _____

MEDIUM _____ PRICE _____

ARTWORK

②

ART TITLE _____

MEDIUM _____ PRICE _____

Attach the forms below to the back of each piece of artwork you enter.



ARTWORK

①

NAME _____

ART TITLE _____

MEDIUM _____ PRICE _____



ARTWORK

②

NAME _____

ART TITLE _____

MEDIUM _____ PRICE _____