

6X6 SHOW GALLERY SHOW ENTRY FORM

(WCA Use): _____

Artist's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Artwork Title (optional): _____

Medium (optional): _____

Check here if you would like to donate all proceeds to Wayne Center for the Arts _____

Please note pick up is December 12-18th, any artwork not picked up by 12/18 will become property of Wayne Center for the Arts.