PERQUIMANS ARTS LEAGUE

EXHIBIT FORM

Name of Exhibit _____

Name: _____Member Yes❒ No❒

Address: _____Member #_____

_____

Home number: _____Cell number: _____

Date: _____ E-Mail:_____

*Title or Item Name	*Medium	*Price	Jurist	Accepted Or Denied	Comments

*artist must complete

1. Items must be priced by the artist to include the 30% PAL commission.
2. Pictures must be **ready to hang**…mounted and framed with wire eyes for hanging.
3. Photographs may be displayed in plastic sleeves.
4. Art work submitted after the entry dates **will not** be accepted.
5. If space permits, do you wish to leave your items for display in the gift shop ❒ or will you be picking them up ❒? If you are going to pick your items up after the exhibit, please do so by_____

Thank you!

Rev.4/08