

ART PATRON SHOW 2019

ARTIST DONATION FORM

Name _		Telepho	ne	Cell	
Address	5			State	Zip
Email A	ddress				
Title of	Work	Mediu	m	Size	Value \$
REGISTI	RATION:				
ĺ	paintedflowers@co	ork and donation form with mcast.net by April 29			
	-	st donor, please send a one te 56 Brigantine Boulevard \ te same guidelines			
FRAMIN	NG:				
- - 	frame. Poorly joined frame be accepted.	ginal, no prints rements using wire hanging s, smudged mats, smeared g name and title of work on th	lass and ragge	ed wavy or over cut	_
JURY OF	F SELECTION:				
A jury o	f selection will choo	se which paintings will be in	cluded in the e	exhibition.	
		CALENDAR Registration DUE: Receiving: Open House: Art Paton Gala:	April 29 June 26 June 30 July 28		

Date _____

Signature _____