

## Entry Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: Bus. \_\_\_\_\_ Home \_\_\_\_\_

\$20 Entry Fee Enclosed (payable to New River Art '01) \_\_\_\_\_

1. **Title** \_\_\_\_\_ Medium \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Weight(for 3D) \_\_\_\_\_

Insurance Value \$ \_\_\_\_\_ Sale Price \$ \_\_\_\_\_

2. **Title** \_\_\_\_\_ Medium \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Weight(for 3D) \_\_\_\_\_

Insurance Value \$ \_\_\_\_\_ Sale Price \$ \_\_\_\_\_

3. **Title** \_\_\_\_\_ Medium \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Weight(for 3D) \_\_\_\_\_

Insurance Value \$ \_\_\_\_\_ Sale Price \$ \_\_\_\_\_

New River Art '01 has my permission to photograph/scan my entries, and I agree to the provisions of entry to this exhibition.

Signed Release \_\_\_\_\_ Date \_\_\_\_\_

# NewRiver ART '01

Mail to:  
The Fine Arts Center  
for the  
New River Valley  
P.O. Box 309  
Pulaski, VA 24301

## Notification Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: Bus. \_\_\_\_\_ Home \_\_\_\_\_

1. **Title** \_\_\_\_\_ Accepted  Declined

2. **Title** \_\_\_\_\_ Accepted  Declined

3. **Title** \_\_\_\_\_ Accepted  Declined

Slides of accepted works will be retained by New River Art '01. Slides of declined works will be returned with this form in your SASE.

I.D. TAG #1

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

Medium \_\_\_\_\_

Insurance Value \$ \_\_\_\_\_

Sale Price \$ \_\_\_\_\_

Attach this securely to your work.

I.D. TAG #2

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

Medium \_\_\_\_\_

Insurance Value \$ \_\_\_\_\_

Sale Price \$ \_\_\_\_\_

Attach this securely to your work.

I.D. TAG #3

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

Medium \_\_\_\_\_

Insurance Value \$ \_\_\_\_\_

Sale Price \$ \_\_\_\_\_

Attach this securely to your work.

Keep to label  
accepted works