

*Allied Arts Council*

**COMPLETE AND SUBMIT TO GALLERY 1 WEEK**

**BEFORE HANGING DATE**

Please Print Clearly      Name of Show: Westgrove Clinic      Date \_\_\_\_\_ 200\_

Artists Name: \_\_\_\_\_ Artists Number \_\_\_\_\_

Phone Number \_\_\_\_\_

	Titles of Work Submitted	Medium	Size [H X W]	Price
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

*Allied Arts Council*

Artist: \_\_\_\_\_

Title of Work \_\_\_\_\_

Price \_\_\_\_\_

Medium: \_\_\_\_\_

**ALLIED ARTS COUNCIL OF SPRUCE GROVE**

Cut Out  
Copy  
As needed.

*Allied Arts Council*

Artist: \_\_\_\_\_

Title of Work \_\_\_\_\_

Price \_\_\_\_\_

Medium: \_\_\_\_\_

**ALLIED ARTS COUNCIL OF SPRUCE GROVE**