

ENTRY FORM (to be submitted with fee)

Please type or print clearly. Return this form, with all the blanks filled, with your fee to the OHC at 1460 N. Augusta Ave., Waycross, Ga. 31503 by Sept. 27.

Name

Address

City, State & Zip

Daytime phone # _____

E-mail address _____

Entry #1

Title

Sales price _____

Medium _____

Category _____

Size Height _____ Width _____

Depth (for sculpture) _____

Entry #2

Title

Sales price _____

Medium _____

Category _____

Size Height _____ Width _____

Depth (for sculpture) _____

I.D. LABELS (to be attached to back of work)

Attach a label (below) filled in with correct information to the back of your entry(s) in the lower left corner. Please print or type clearly. Do not send the identification labels with your entry form, the labels are to identify your works.

-

ID Label #1

Artist _____

Address

City, State & Zip

Title _____

Category _____

Price _____

-

ID Label #2

Artist _____

Address

City, State & Zip

Title _____

Category _____

Price _____