

Case Memorial Art in the Library Registration \$10.00 fee

Please print clearly

NAME _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____

HOME PHONE _____ CELL PHONE _____

MEDIUM(S) _____

Approx. range of prices _____ (10% commission due library)

Approx. No. of pieces you could display _____

List names of items and the medium submitted for jurying:

Any months you will be unable to show? _____

Check any or all of the following and circle your preference:

Solo _____ 2 to 3 people(of different mediums) _____ Group _____

If paying by check, please make it out to:

Case Memorial Library Please notate at the bottom **for Art in the Library**

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The Library, the Town of Orange and the Art in the Library Committee are not responsible for any loss or damage incurred by displaying, handling, moving or storage.

Signature of participant _____ Date _____

Signature of Art in the Library Committee Member _____

\$10.00 fee received? _____

Return to →

*Mrs. Audrey Galer
365 Wildwood Dr.
Orange, CT 06477*