

Please print 2 copies; you must submit 2 copies at Receiving.

<p>* Number of entries permitted: Big Splash Exhibit (Fall) 1 painting Juried Exhibit (Spring) 2 paintings</p> <p>* Please attach a mailing label or business card on the back of each painting with your name and title of the painting printed on it.</p>	<b>Title Card Information</b>	<b>Title Card Information</b>
	<p>Name _____</p> <p>Phone _____</p> <p>Title _____</p> <p>_____</p> <p>Entry Number _____ <b>A</b></p> <p>Medium (circle one)</p> <p style="padding-left: 40px;">Watercolor</p> <p style="padding-left: 40px;">Acrylic</p> <p style="padding-left: 40px;">Mixed</p> <p>Price _____</p>	<p>Name _____</p> <p>Phone _____</p> <p>Title _____</p> <p>_____</p> <p>Entry Number _____ <b>B</b></p> <p>Medium (circle one)</p> <p style="padding-left: 40px;">Watercolor</p> <p style="padding-left: 40px;">Acrylic</p> <p style="padding-left: 40px;">Mixed</p> <p>Price _____</p>



## Saint Louis Watercolor Society Artist Registration Form

Exhibition \_\_\_\_\_ Date \_\_\_\_\_

**Please clearly print the following information:**

Number	Accept	Decline	Title	Medium	Framed Size (H x W)	Price
A						
B						

I, the undersigned, have read all the rules of this show and am in compliance. I give my permission to the STLWS to photograph any of my entries for publicity purposes or as a visual record of the exhibit. I agree to leave all artwork for this exhibit until the close of the exhibit. I am responsible for removing my own art work from this exhibit. I understand that every precaution will be taken to safeguard all work from loss or damage, but neither the Saint Louis Watercolor Society nor anyone connected with this exhibition will be responsible for loss or damage from any cause.

I also understand that if my painting is juried into the show, I must be a member at the time of entry for the painting to count toward attaining Signature status. To retain my Signature status or credit for the painting(s) to attain it, I must keep a continuous membership with the STLWS.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Member \_\_\_\_\_ New Member \_\_\_\_\_ \* Non-Member \_\_\_\_\_

\*Completed new membership form attached.

Paid with Cash \_\_\_\_\_

Paid with Check (Check # \_\_\_\_\_) \_\_\_\_\_

New Member Dues \_\_\_\_\_

Total Fees Collected \$ \_\_\_\_\_

Members, if your address, phone number or email address has changed PLEASE CHECK THIS BOX.