



ARTIST'S NAME _____

DATE: _____

Plymouth Guild for the Arts
at the Plymouth Center for the Arts
11 North Street, Plymouth, MA 02360

A Different Vision

May 1—June 4, 2010

EXHIBIT ENTRY FORM

Must be filled in completely
Type or print

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Title of Work: _____

Medium: _____

Price: _____ NFS? _____

Signature: _____

Liability: The Plymouth Guild, Inc. will not be responsible for theft, fire, loss or damage of any nature. Work is submitted at the artist's risk; the exhibition is not covered by insurance. We allow photography of the exhibition. Entry/registration indicates acceptance of the above conditions.

ACCEPTED

Pick-up Dates:

Sat., June 5, 10—2 PM

Sun., June 6, 12—2 PM

NOT ACCEPTED

Pick-up Date:

Fri., April 9, 4—7 PM



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