

The Art Experience Galleries at Mosaic Life Care Juried Exhibition Entry Form

Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Birthdate: _____ Email: _____

Title	Medium	Measurements	Price

Terms and Conditions Acknowledgment

By signing and submitting this entry form, I acknowledge and agree that I have been provided with a copy of the Official Terms and Conditions for the Art Experience Galleries at Mosaic Life Care Juried Exhibition, and hereby agree to comply with and be bound by the terms and conditions contained therein.

Signature: _____

Parent Signature (if under age of 18): _____