

Number of Paintings 5/2017

Name _____

Title _____

Accepted Declined

CATALOG COPY - PRINT CLEARLY

E-mail _____

Name _____

Title _____

Price _____

Street _____

City _____ Zip _____

Phone _____

C.W.S. Member Non-Member

Please check this box if your painting has been executed with only transparent watercolor.

Accepted Declined

Declined

PAINTING TITLE _____

Pick-Up Unaccepted Works: Saturday, June 17, 1:00 p.m. – 4:00 p.m.

Pick-Up Accepted Works: Saturday, July 8, 1:00 p.m. – 3:00 p.m.

NAME
STREET
TOWN, STATE, ZIP

Accepted

C.W.S. EXHIBITION – ARTIST NOTIFICATION

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PLEASE CUT APART ONLY ON SOLID LINE AND ATTACH ALL THREE SECTIONS, INTACT, TO THE REAR OF THE PAINTING