

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

Number of Paintings 10/2019

Name _____

Title _____

Accepted Declined

10/2019 CATALOG - PRINT CLEARLY

Please check box if JPEG is Available for this painting

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, October 12, 1:00 p.m. – 4:00 p.m.

Pick-Up Accepted Works: Sunday, November 10, 3:00 p.m. – 4:00 p.m.
Monday, November 11, 1:00 a.m. – 4:00 p.m.

NAME	
STREET	
TOWN, STATE, ZIP	

Accepted **C.W.S. EXHIBITION – ARTIST NOTIFICATION**

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