

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

Number of Paintings 10/2024

Name _____

Title _____

Accepted Declined

10/2024 CATALOG - PRINT CLEARLY

Please Circle 3 Dates in October to Gallery Sit

6 11 12 13 18 19 20 25 26 27

E-mail _____

Name _____

Title _____

Price _____ 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 5, 1:00 p.m. – 4:00 p.m.
Sunday, October 6, 1:00 p.m. – 4:00 p.m.

Pick-Up Accepted Works: Sunday, October 27, 3:00 p.m. – 4:00 p.m.
Monday, October 28, 12:00 p.m. – 1:00 p.m.

NAME _____
STREET _____
TOWN, STATE, ZIP _____

Accepted

C.W.S. EXHIBITION – ARTIST NOTIFICATION

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