

New Rochelle Art Association Receiving Form



Show : _____
Artist Name: _____
Email: _____

Artwork "A" Fill out completely

Title: _____
Size: _____
Price: _____
Select Category:
_____ Watercolor
_____ Pastel
_____ Mixed Media
_____ Graphics
_____ Acrylic/Oil
_____ Photography
_____ Watercolor
_____ Sculpture
_____ Digital Art

Artwork "B" Fill out completely

Title: _____
Size: _____
Price: _____
Select Category:
_____ Watercolor
_____ Pastel
_____ Mixed Media
_____ Graphics
_____ Acrylic/Oil
_____ Photography
_____ Watercolor
_____ Sculpture
_____ Digital Art

Although care will be taken, the NRAA will not be responsible for damage to or loss of work submitted.

The New Rochelle Art Association reserves the right to use photographs of artwork and to photograph artwork during the duration of the exhibit and use images for publicity of the show on social media and flyers.

By submitting artwork, the Artist is agreeing to the terms outlined above.

Signature _____
Date _____

***Please cut out below and tape onto the back of your artwork ***

Artwork "A" Fill out completely

Artist's Name: _____
Email: _____
Title: _____
Size: _____
Price: _____
Select Category:
_____ Watercolor
_____ Pastel
_____ Mixed Media
_____ Graphics
_____ Acrylic/Oil
_____ Photography
_____ Watercolor
_____ Sculpture
_____ Digital Art

Artwork "B" Fill out completely

Artist's Name: _____
Email: _____
Title: _____
Size: _____
Price: _____
Select Category:
_____ Watercolor
_____ Pastel
_____ Mixed Media
_____ Graphics
_____ Acrylic/Oil
_____ Photography
_____ Watercolor
_____ Sculpture
_____ Digital Art