

**Blackheath Rhododendron Festival Inc.**

**49th Festival Art Show**

ABN 605 200 95 241

Registered Charity No. CC14164

All correspondence to be addressed to the

Rhododendron Festival Art Show,

16 Richmond Avenue, Medlow Bath NSW 2780

Phone 02 4788 1053

**ENTRY FORM**

**Entry Form must be returned by Thursday, 5th October, 2017 at the latest**

**PLEASE PRINT YOUR ENTRY CLEARLY**

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*(Please **PRINT** exactly, showing upper & lower case)*

**Mobile:** \_\_\_\_\_

	<b>TITLE</b>	<b>SECTION NO.</b>	<b>ART SHOW PRICE</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			

I agree to the Conditions of Entry and certify that the above entries are my original work.

Enclosed is remittance of \$ \_\_\_\_\_ for \_\_\_\_\_ (number of works).

**(\$25.00 per painting or \$60.00 for 3 entries )**

*Receipts will be issued upon presentation of paintings. However, if you wish confirmation of receipt earlier please enclose a stamped self addressed envelope.*

Signed.....Date.....