

GATEWAY ARTS CENTER ENTRY FORM

Check In Number: _____

Completion indicates a contract between Gateway Arts Center and the Artist

ARTIST NAME: _____

EMAIL: _____

CELL PHONE: _____ OTHER PHONE: _____

MEMBER: _____ WESTMINSTER RESIDENT: _____ STUDENT: _____

A) PORTRAIT TITLE _____
 VALUE _____ FOR SALE OR NOT FOR SALE MEDIUM _____

B) PORTRAIT TITLE _____
 VALUE _____ FOR SALE OR NOT FOR SALE MEDIUM _____

C) PORTRAIT TITLE _____
 VALUE _____ FOR SALE OR NOT FOR SALE MEDIUM _____

D) RELATIVE TITLE _____ NAME _____
 VALUE _____ FOR SALE OR NOT FOR SALE MEDIUM _____

E) RELATIVE TITLE _____ NAME _____
 VALUE _____ FOR SALE OR NOT FOR SALE MEDIUM _____

Portrait Title _____ Name _____ For Sale Price _____ OR Not for Sale Value _____	Portrait Title _____ Name _____ For Sale Price _____ OR Not for Sale Value _____
Portrait Title _____ Name _____ For Sale Price _____ OR Not for Sale Value _____	Relative Title _____ Name _____ For Sale Price _____ OR Not for Sale Value _____
Relative Title _____ Name _____ For Sale Price _____ OR Not for Sale Value _____	