

ARTS IN APRIL REGISTRATION FORM

Please print information carefully! Only legible entries will be accepted.
Mail this form and a signed photo release form to the contact person listed below.

All entry forms must be received by March 30, 2012.

Sorry, no exceptions will be made for late entries.

Mail or deliver forms to:

Irene Bechard
Elliot Senior Health Center
138 Webster St.
Manchester, NH 03104
Email: IBechard@elliot-hs.org

Artist Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title _____

Medium _____

Size _____ Display Rack - Floor or Table top (Circle one)

****By signing the below I agree to:**

- Provide my own display rack for my artwork. I understand that the Elliot Senior Health Center is not able to provide a display rack for me.
- The information I have provided above will be included on the display note card for the artwork.
- Deliver my artwork to the Elliot Senior Health Center on April 18 between 8 and 11 a.m.
- Be present during the exhibit, 5 to 7 p.m.
- Take my artwork home at the conclusion of the exhibit. I understand that if I am a winner and choose to, I may leave my artwork on display at the Elliot Senior Health Center for one month.

I do not hold the Elliot Health System, Elliot Senior Health Center, or anyone involved with the exhibit responsible for loss of damage to any property belonging to me.

Signed: _____

Date: _____