

Place in the left hand corner on back of work with masking tape.

Southern Vermont Arts Center
54th National Fall Open Exhibition

Artist: _____

Street: _____

City: _____ State: _____

E-Mail: _____

Phone: _____

Title: _____

Medium: _____

Price: _____

**All information must be filled in completely!

Cut along this line

DO NOT DETACH

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54th National Fall Open
Exhibition Entry Form

*Please fill out this entire form, detach it,
and return it with all works submitted.
PLEASE PRINT CLEARLY!*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

I agree to the terms set forth in the
exhibition prospectus.

Signature: _____

Date: _____

First Work

Title: _____

Medium: _____

Price: _____

Second Work

Title: _____

Medium: _____

Price: _____

**Please return this form to the
Southern Vermont Arts Center.
PO Box 617, 930 SVAC Drive
Manchester, VT 05254
802-362-1405**