

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

Southern Vermont Arts Center
55th 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

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55th 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

DO NOT DETACH

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