



Sussex County Arts & Heritage Council

Skylands 36 Entry Form

Artist Name _____ Phone _____
 Address _____ City _____
 State _____ Zip _____ Email _____

Entry #1

Title: _____
 Medium: _____
 Size (W x H INCLUDING FRAME): _____ Price: _____

Entry #2

Title: _____
 Medium: _____
 Size (W x H INCLUDING FRAME): _____ Price: _____

Entry #3

Title: _____
 Medium: _____
 Size (W x H INCLUDING FRAME): _____ Price: _____

Liability: By entering this exhibit, I agree to abide by the gallery policies and to hold harmless SCAHC, and all their agents, officers, and employees from any claims of damage or loss that might occur to works of art submitted for this exhibition. I understand that ALL artwork must be removed at the end of the exhibit. SCAHC does not insure exhibited art. We recommend that artists have their own insurance. The council may use images of my entries for advertising and/or promotional purposes. The SCAHC has the right to decline any work at any time that is deemed inappropriate for this event.

Signature _____

Payment:

Please circle one of the following: Paid Online Paid Over the Phone Paid by Check
 If paying by check, please make checks payable to SCAHC.
 If you have any questions, please call us at (973) - 383-0027, visit us at the Gallery (133 Spring St. Newton, NJ 07860) or go to our website at www.scahc.org.