

Key West Art Center Associate Members' Show

REGISTRATION FORM

(Deadline: February 24, 2020)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(S) _____

EMAIL _____

TITLE OF WORK _____

MEDIUM _____

SIZE _____ PRICE _____

I have read and agree to follow the stated guidelines. I absolve the Key West Art Center and its representatives of any and all responsibility for loss or damage to any of my work submitted for exhibition.

SIGNATURE _____ DATE _____

If including Associate Member dues payment of \$45.00, please make check payable to Key West Art Center.

YES!!! I WANT TO VOLUNTEER TO:

- Help set up Yes _____ No _____
- Bring food Yes _____ No _____
- Help greet Yes _____ No _____
- Help clean up Yes _____ No _____

----- Please complete with identification tag below -----

KWAC Associate Members' Show

Title: _____ Medium: _____

Artist: _____ Price: _____

Key West Art Center & Gallery
301 Front Street – Key West, FL 33040
305-294-1241
keywestartcenter.com