



Shoalhaven Art Society
58th Annual Art Exhibition
Thursday 9th – Saturday 25th October 2025
Berry School of Arts, 19 Alexandra St, Berry

Youth Entry & Registration Form

First Name: _____ Last Name: _____

Address: _____ Postcode: _____

Phone: _____ E-mail: _____

For the purpose of distributing funds should your artwork be sold, or you win a prize, please provide the BSB and Account Number you wish to use below.

BSB: _____ Account number: _____

Name on Account: (if not your own) _____

Section Entered: 12-14 ☐ 15-16 ☐ 17-18 ☐

(this means the age you are as at October 2025)

Title of artwork: _____

Medium: _____

Size (in centimetres) _____ Price: _____

Fees: \$5.00 for your artwork (one artwork only)

Pay directly to: Shoalhaven Art Society **BSB 633 000** **Account 207 846 213**

Please reference your payment with AAE25_your surname

Agreement: I, name of applicant) _____ have read and agree to abide by the conditions of entry. Lodgement of this form constitutes acceptance of all conditions of entry and grants copyright clearance for my artwork as described in this document

Signed: _____ Date: _____

Parent or Guardian Permission Statement: I have read the conditions of entry and permit (Name of applicant) _____ to participate in the Shoalhaven Art Society Annual Art Exhibition. Lodgement of this form indicates acceptance of all conditions of entry and grants copyright clearance for their artwork as described in this document.

Parent or Guardian Permission: _____ (please print name)

Parent or Guardian Signature: _____ Date: _____