



# SEACOAST ARTISTS GUILD FALL 2025 ENTRY FORM

Please complete ALL information

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## **ENTRY #1**

Title of Art Entry 1 \_\_\_\_\_

Medium/Category 1 \_\_\_\_\_

Price for ENTRY 1: \$ \_\_\_\_\_

## **ENTRY #2**

Title of Art Entry 1 \_\_\_\_\_

Medium/Category 1 \_\_\_\_\_

Price for ENTRY 1: \$ \_\_\_\_\_

**\*All entries must be FOR SALE\***

**ARTIST RELEASE – PLEASE SIGN** and return with your Registration Form

By entering my name below and submitting this REGISTRATION for the Fall 2025 Art Show, I allow Seacoast Artists Guild of SC to use an image of my artwork(s) for the purpose of advertising, promoting and publicizing future Guild activities, fundraising efforts on behalf of the Guild, and for use in local media and Seacoast Artists Guild website information.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_