



SEACOAST ARTISTS GUILD FALL 2026 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 _____

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 2026 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: _____