



River Region Art Gallery

Exhibit Name: _____

Date: _____

www.artgumbo.org

Name: _____ Adult: ____ (Youth: ____ Age: ____)

School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Entry Fee Paid: \$ _____ Receipt No.: _____

Entry #	Title	Medium	Price	Art Returned
1				
2				
3				

By my signature and entry into this exhibit, I understand and agree to all rules. I also acknowledge that **RIVER REGION ART GALLERY OT IT'S SPONSORS SHALL NOT BE RESPONSIBLE FOR ANY DAMAGES OR LOSS THAT MIGHT OCCUR DURING DISPLAY OR MOVING OF MY ART.** I also understand that my art will be on exhibit from _____ to _____.

I understand that a 20% donation will be made to RRAA from any sale that I have during the exhibit. I will pick up my art not later than _____.

Signature

Date