

**Cheshire Art League
2009 Visual Arts Exhibit**

ENTRY FORM

Attach top half of form to back of artwork and
send signed lower half with your check payable to:

Cheshire Art League
c/o Joan Shackford
260 Robin Lane, Cheshire, CT 06410

☛ **DUE BY WEDNESDAY, MAY 6, 2009**

PLEASE PRINT NEATLY. THANKS!



Artist _____

Street _____

City _____ State _____ Zip _____

Title _____

(Completed within the last 2 years.)

Medium _____ Price \$ _____

Daytime Phone _____

Evening Phone _____

Email Address _____



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*I have read the conditions set forth in this
prospectus and agree to those conditions.*

Signature _____

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**Cheshire Art League
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"IMAGES of CHESHIRE" Category

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Artist _____

Street _____

City _____ State _____ Zip _____

Title _____

(Completed within the last 2 years)

Cheshire
Subject/Location _____

Medium _____ Price \$ _____

Daytime Phone _____

Evening Phone _____

Email Address _____

⤵ ■■■■■■ SEND ■■■■■■ ⤵

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Street _____

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Title _____

(Completed within the last 2 years)

Cheshire
Subject/Location _____

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