

Gift Aid
YES/NO

ART & CRAFTS EXHIBITION

in aid of CANCER RESEARCH UK

Exhibitor number

ENTRY FORM

SURNAME..... FORENAME.....

ADDRESS.....

TOWN..... POSTCODE.....

TELEPHONE..... E-MAIL ADDRESS.....

TYPE OF EXHIBIT: Painting?..... YES/NO CRAFT?.....YES/NO (<i>Please specify Craft Type below</i>)	
Are you willing for your address to be given to enquirers? YES/NO	
Are replacements available if required? YES/NO	
Daytime contact number.....	

Please bring replacements when requested which MUST be checked in at the Enquiries desk between 10.00am and 7.00pm

If your exhibit is not for sale, please mark this clearly on the label. A Valuation is needed for Valuation purposes.

PLEASE NOTE:

- Entries are accepted on the understanding that you have read and accept the 'Conditions of Entry and Information for Exhibitors' Signed.....
- Every item, however small, must be clearly labelled with the artist's name, price and exhibitor number, if known.
- Due to limited space, each artist may enter up to 4 oil paintings but not more than 3 glazed pictures.

Please indicate your order of preference on picture labels NOT on this form!

LEAVE BLANK <small>(Office use only)</small>	QTY	Paintings Only Catalogue No	DESCRIPTION OF EXHIBIT or TITLE(S) of PICTURE(S)	TYPE OF PICTURE <small>w/c, oil etc</small>	PRICE EACH	TOTAL or Value if NFS	INSURANCE TOTAL Leave Blank

Submission Fee Paid YES?NO	Exhibit received by.....	Checked and collected by..... Cheque collected by.....
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