

Artful Affair 2025

Registration Form

PERSONAL INFORMATION

Full Name :

Date of Birth : Phone Number:

Address :

City: Zip/Postal Code :

Email Address:

ARTWORK DESCRIPTION

Entry 1	TITLE	<input type="text"/>
	MEDIUM	<input type="text"/>
	PRICE	<input type="text"/> <input type="checkbox"/> NOT FOR SALE
Entry 2	TITLE	<input type="text"/>
	MEDIUM	<input type="text"/>
	PRICE	<input type="text"/> <input type="checkbox"/> NOT FOR SALE
Entry 3	TITLE	<input type="text"/>
	MEDIUM	<input type="text"/>
	PRICE	<input type="text"/> <input type="checkbox"/> NOT FOR SALE

The Madison Senior Center (MSC) respects and values each art object and takes special precautions in handling and displaying the art. All artists display their work at their own risk with no responsibility for damages assumed by the MSC. I read the information brochure and understand that the exhibit will be open May 16 – July 11, 2025. I agree to pick up my work by 3:00 pm on Tuesday, July 15, 2025. I agree to donate 10% of any artwork sold during Artful Affair to the Madison Senior Center Foundation.

Signature _____ Date _____

Office use only

Entry Fee Paid \$ Cash Check Credit Card

Artist's Number