

OASIS '91' ART SHOW ENTRY FORM

ARTIST'S NAME: _____

BUSINESS NAME (if applicable) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGENT'S NAME: _____

BUSINESS NAME (If applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO: _____

NUMBER OF PANELS (4' X 4')	_____	@ \$ 7.50 EACH
NUMBER OF PANELS (4' X 8')	_____	@ \$ 15.00 EACH
NUMBER OF TABLES (4' OF TABLE)	_____	@ \$ 7.50 EACH
NUMBER OF TABLES (8' OF TABLE)	_____	@ \$ 15.00 EACH

TOTAL ENCLOSED: _____ *
(MAKE CHECKS PAYABLE TO OASFiS)

PLEASE INITIAL THE APPROPRIATE ITEMS:

____ I DO NOT WISH MY ARTWORK TO BE SENT TO AUCTION FOR AUCTIONEER'S CHOICE
(WHEN A PIECE HAS NO BID)

____ I AM INTERESTED IN HELPING WITH SET UP AND/OR TEAR DOWN, OR WAR ASPECTS OF
THE ART SHOW

____ I WILL PERMIT NEWS FILMING AND/OR NEW SPAPER PHOTOGRAPHY OF MY WORK.
(PHOTOGRAPHY OF ANY SORT WILL NOT BE ALLOWED WITHOUT YOUR PERMISSION)

____ I HAVE NO OBJECTIONS TO THE ART SHOW GIVING MY ADDRESS TO BUYERS
REQUESTING THAT INFORMATION AT THE ART SHOW

____ I WOULD BE INTERESTED IN PARTICIPATING IN ART RELATED PROGRAMMING

* PLEASE NOTE THAT RETURN POSTAGE FOR ALL MAIL IN ART WILL BE DEDUCTED FROM
BALES, UNLESS THERE ARE NO SALES. IF SO, WE WILL RETURN THE ART WITH COD SHIPPING
CHARGES, UNLESS RETURN POSTAGE IS SUPPLIED.

IF YOU HAVE ANY COMMENTS OR QUESTIONS, PLEASE PUT THEM ON THE BACK OF THIS
FORM. RETURN YOUR COMPLETED FORMS WITH THE APPROPRIATE PAYMENT TO:

OASIS IV ART SHOW
3206 CAULFIELD STREET
APOPKA, FLORIDA 32703