

CHESTER SPRINGS STUDIO AT HISTORIC YELLOW SPRINGS
2010 MEMBERS' EXHIBITION: MARCH 1-27
Opening Reception, Sunday February 28 1-4 PM

PLEASE FILL IN THE FOLLOWING:

Artist's Name

Address

Telephone Home

Telephone Work

Cell

Email (important for most immediate notification)

LIST THE WORK SUBMITTED:

Title

Medium

Price

Artist

Signature of person receiving work

Artist's signature (or person submitting)

I also understand that I must provide my own insurance coverage for all artwork entered in the show. While reasonable care will be taken handling all artwork, HYS/CSS will not be held responsible for loss or damage



PLEASE FILL OUT BELOW AND ATTACH TO WORK

Title

Medium

Price

Artist

Chester Springs Studio P.O. Box 62 1685 Art School Road Chester Springs PA 19425
610-827-7414, ext. 16 voice 610-827-1336 fax sritter@yellowsprings.org