



WILLINGBORO ART ALLIANCE 22nd Annual Open Juried Art Exhibition Show

At The Virtua Memorial Hospital Dr. David Flinker Art Gallery

175 Madison Avenue, Mount Holly NJ 08060

Sunday, October 1, 2017 until Thursday, November 30, 2017

ELIGIBILITY: This exhibition is open to all residents of the U.S. All artwork must be for sale and hand delivered. Artists may submit a maximum of two original two-dimensional pieces of fine art or photography. Work shown at past WAA Open Juried Annuals will not be eligible

Artists may submit work for a single fee. There is a size restriction of no larger than **40 inches** in any direction. Nudes will not be accepted.

All work must be for sale.

ENTRY FEE: \$15 for WAA members, \$25 for non-members. Make checks payable to Willingboro Art Alliance (Annual membership dues must be current). Gallery Commission fee is 30% on all sales. (7% Sales tax will be collected.)

AWARDS: Cash and merchandise awards will be presented.

CALENDAR

Delivery of Artwork:	Friday, Sep. 29, 4-6 PM Sat., Sep 30, 9 AM-12 Noon
Pick up Unaccepted Work:	Wednesday, October 4, 3-6 PM
Show Start Date:	Sunday, October 1, 2017
Reception Date:	Saturday, October 14, 2 to 4 PM
Show End Date:	Thursday, November 30
Pick up of Work:	Thursday, November 30 from 3 to 5

CONTACT INFORMATION

NAME:	Joy Hoffman
ADDRESS:	5 Shelter Rock Road
CITY:	Moorestown NJ 08057
PHONE:	(856) 234-1406
E-MAIL:	Joyke41@comcast.net

WAA Dr. David Flinker Gallery Show File Copy

Artist: _____ Phone: _____

Address: _____

City: _____ Zip: _____

E-mail Address: _____

Title: _____ Entry # _____

Medium _____ Price _____

ACCEPTED UNACCEPTED AWARD

Title: _____ Entry # _____

Medium _____ Price _____

ACCEPTED UNACCEPTED AWARD

I will not hold the WAA, sponsoring organizations or staff responsible for damages or losses.

Artist's Signature (Signature Constitutes Acceptance of all Guidelines.)

JUROR RESULTS: WAA 20TH Annual Open Juried Exhibition David Flinker Gallery Show

Name: _____

Address: _____

City: _____ Zip: _____

Entry # _____	Title: _____	Acc	Not
Entry # _____	Title: _____		

WAA Dr. David Flinker Gallery Show Artist Receipt

Artist: _____

Fee Paid: \$ _____ Initial: _____

Title: _____

Title: _____

ART LABELS: Attach to back of art, top right corner

WAA Dr. David Flinker Gallery Show Art Label

Name: _____

Phone: _____

Title: _____

Medium: _____ Price: _____

WAA Dr. David Flinker Gallery Show Art Label

Name: _____

Phone: _____

Title: _____

Medium: _____ Price: _____