



WILLINGBORO ART ALLIANCE

2017 Open Show

At the Moorestown Library

111 West Second Street, Moorestown, NJ 08057

May 1 to May 31, 2017

DATE: May 1 to May 31, 2017
PLACE: The Moorestown Library
111 West Second Street, Moorestown, NJ 08057

ELIGIBILITY: This exhibition is open to all artists. Artists may submit one (1) original two-dimensional piece of work, fine art or photography. **Only 25 artists will be able to show, therefore you must call or e-mail Joy Hoffman to register your intent to be placed on the list by Monday, April 10.**

There is a size restriction of no larger than 36 inches. Nudes will not be accepted.

All artwork must be for sale.

ENTRY FEE: \$5 for WAA members, \$10 for non-members. Make checks payable to Willingboro Art Alliance (Annual membership dues must be current).

CALENDAR

Register Intent:	Monday, April 10
Submit Completed Form & Fee:	Monday, April 24
Delivery of Artwork:	Monday, May 1 from 3 to 5 pm
Show Start Date:	Monday, May 1
Show End Date:	Wednesday, May 31
Pick up of Work:	Wednesday, May 31 from 3 to 5 pm

AWARDS: Best of show to be awarded

REGISTRATION: Complete the registration forms, attach labels to artwork. Send the File Copy and Artist Receipt to Joy Hoffman to prepare labels for the show, along with a check made out to WAA by Monday, April 24.

GUIDELINES: Submission to this exhibition is an agreement on the part of the entering artist to all of the conditions set forth in this prospectus. All work must be original, created SOLELY by the artist, no reproductions. Art works should be properly framed and wired for hanging. Accepted art may not be removed before May 31, 2017.

WILLINGBORO ART ALLIANCE (WAA) AND Moorestown Library WILL NOT BE RESPONSIBLE FOR LOSS OF OR DAMAGE TO WORKS.

Entries will be handled with all possible care, but those submitting will hold harmless the WAA and the Moorestown Library from all claims of damage that might arise from loss or damage to the works of art submitted to this exhibition from any cause whatsoever.

CONTACT INFORMATION

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

WAA Moorestown Library Show File Copy

Artist: _____ Phone: _____

Address: _____

City: _____ Zip: _____

E-mail Address: _____

Title: _____

Medium _____ Price _____

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

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

WAA Moorestown Library Show Artist Receipt

Artist: _____

Fee Paid: \$ _____ Initial: _____

Title: _____

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

WAA Moorestown Library Show Art Label

Name: _____

Phone: _____

Title: _____