



WILLINGBORO ART ALLIANCE 23rd Annual Open Juried Art Exhibition Show

At The Virtua Memorial Hospital Dr. David Flinker Art Gallery

175 Madison Avenue, Mount Holly NJ 08060

Sunday, September 30, 2018 until Thursday, November 30, 2018

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. 28, 4-6 PM Sat., Sep 29, 9 AM-12 Noon
Pick up Unaccepted Work:	Tuesday, October 2, 3-6 PM
Show Start Date:	Sunday, September 30
Reception Date:	Saturday, October 20, 2 to 4 PM
Show End Date:	Friday, November 30
Pick up of Work:	Friday, November 30 from 3 to 5

JUROR: TBD

Cash and merchandise prizes awarded

REGISTRATION: Complete the registration forms, attach labels to artwork. **Juror results will be emailed** to the participants.

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. **WORK CAN ONLY BE REMOVED NOVEMBER 30 DURING THE PICK-UP TIMES.**

WILLINGBORO ART ALLIANCE (WAA) AND Dr. David Flinker Gallery 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 Hospital and Gallery from all claims of damage that might arise from loss or damage from any cause whatsoever to the works of art submitted to this exhibition.

CONTACT INFORMATION

NAME:	Nancy Sullivan
ADDRESS:	82 Oakcrest Lane
CITY:	Westampton, NJ 08060
PHONE:	(609) 670-9724
E-MAIL:	wrkinProgress54@gmail.com

WAA Dr. David Flinker Gallery Show File Copy

Artist: _____ Phone: _____

Address: _____

City: _____ Zip: _____

E-mail Address: _____

Title: _____ Entry # _____

Medium _____ Price _____

Title: _____ Entry # _____

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 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: _____