

# FALLBROOK ART ASSN - SPR/FALL SHOW ENTRY FORM

BRING YOUR COMPLETED FORM WITH YOUR ENTRIES ON THE SPECIFIED ENTRY DAY(S). **LOG NUMBERS WILL BE ASSIGNED WHEN YOUR ENTRIES ARE PROCESSED.** PLEASE PRINT CLEARLY & CAREFULLY! MAXIMUM ALLOWABLE FRAMED DIMENSION IS **36" DIAGONAL** (INCREASED FROM 35").

ARTIST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #1 \_\_\_\_\_ #2 \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ENTRY #1** - TITLE: \_\_\_\_\_ **LOG #** \_\_\_\_\_

MEDIUM: \_\_\_\_\_

PRICE: \$ \_\_\_\_\_ FRAMED DIMENSION (DIAG): \_\_\_\_\_

**ENTRY #2** - TITLE: \_\_\_\_\_ **LOG#** \_\_\_\_\_

MEDIUM: \_\_\_\_\_

PRICE: \$ \_\_\_\_\_ FRAMED DIMENSION (DIAG): \_\_\_\_\_

**ENTRY #3** - TITLE: \_\_\_\_\_ **LOG#** \_\_\_\_\_

MEDIUM: \_\_\_\_\_

PRICE: \$ \_\_\_\_\_ FRAMED DIMENSION (DIAG): \_\_\_\_\_

**PAYMENT: NO CREDIT/DEBIT CARDS**

**JOINING/ RENEWING FAA MEMBERSHIP ?** (If paying by check pls. write a separate check for dues.)

INDV (\$65) \_\_\_\_\_ FAM (\$85) \_\_\_\_\_ F/T STU (\$10) \_\_\_\_\_ CHECK # \_\_\_\_\_

**MEMBER:** 1 ENTRY \$20 \_\_\_\_\_ 2 ENTRIES \$30 \_\_\_\_\_ 3 ENTRIES \$40 \_\_\_\_\_

**NON-MEM:** 1 ENTRY \$30 \_\_\_\_\_ 2 ENTRIES \$45 \_\_\_\_\_ 3 ENTRIES \$55 \_\_\_\_\_

**F/T STUDENT W/ID:** 1 ENTRY \$5 \_\_\_\_\_ 2 ENTRIES \$10 \_\_\_\_\_ 3 ENTRIES \$15 \_\_\_\_\_

ENTRY PAYMENT: CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

**PLEASE SEE PAGE 2 FOR WAIVER FORM SIGNATURE**

**FAA - SPR/FALL SHOW ENTRY FORM - CONT'D**

**LIABILITY WAIVER:** I HEREBY RELEASE FALLBROOK ART ASSOCIATION AND ALL THEIR OFFICERS, AGENTS AND REPRESENTATIVES OF ALL RESPONSIBILITY FOR DAMAGE, THEFT OR LOSS TO MY ENTRIES IN THIS SHOW. I WILL ARRANGE TO HAVE MY OWN INSURANCE COVERAGE.

PIECES SUBMITTED ARE MY OWN ORIGINAL WORK INCLUDING REFERENCE MATERIAL AND HAVE NOT WON A MONEY AWARD IN A PREVIOUS FAA SHOW.

I UNDERSTAND THAT MY WORK MUST BE PICKED UP BY THE END-OF- SHOW PICK-UP DATE. I UNDERSTAND THAT THE GALLERY RETAINS A 20% COMMISSION.

**RELEASE AND AUTHORIZATION TO PHOTOGRAPH:** BY SUBMITTING THIS FORM, THE ARTIST AGREES TO BE PHOTOGRAPHED, VIDEOTAPED AND/OR RECORDED BY ANY OF THE RELEASEES (FALLBROOK ART ASSOCIATION OFFICERS, AGENTS AND REPRESENTATIVES) FOR NO CHARGE OR CONSIDERATION. ARTIST NAME RECOGNITION WILL BE INCLUDED WITH PHOTO USE. THE ARTIST RELEASES THE RELEASEES FROM ANY AND ALL CLAIMS INCLUDING LIBEL, SLANDER, INVASION OF PRIVACY OR ANY OTHER CLAIM AND DAMAGES IN CONNECTION WITH ANY PHOTO OR VIDEO CREATED BY OR FOR THE RELEASEES AND USED FOR PROMOTIONAL PURPOSES.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_