



PAL ENTRY FORM

The artist is responsible for labeling the back or bottom of their work.

PlacerArts

PLEASE FILL OUT FORM COMPLETELY

VENUE: _____

ARTIST: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____

PHONE: _____

PlacerArts Member: YES ___ NO ___

TITLE: _____

MEDIUM: _____

PRICE: _____ SIZE: _____

OFFICE USE: NUMBER _____

STAFF: Place in registration file. Give receipt to artist.

SHOW DETAILS:

FROM: _____ TO: _____

PICK UP ARTWORK ON: _____

Liability Statement: I, the undersigned, understand that I will provide my own liability insurance for my actions and my artwork and agree to indemnify and hold the Arts Council of Placer County, aka PlacerArts, and its agents, sponsors, staff and volunteers, harmless from any and all claims occasioned by application and/or participation in this exhibit. I further grant the presenter permission to use the information and images submitted for purposes of publicity and education in print and online. Should I be selected, you may photograph or videotape me, my studio and/or my art for purposes of publicity and education.

SIGNATURE _____ DATE _____

✂-----

ARTIST RECEIPT

DATE: _____ NUMBER: _____

SIGNATURE: _____

SHOW DETAILS:

FROM: _____ TO: _____

PICK UP ARTWORK ON: _____

Thank you for your participation.

PlacerArts
808 Lincoln Way, Auburn, CA 95603
(530) 885-5670 www.placerarts.org



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