

Exhibit Entry Form



1127 N.Broadway , Center Suite, Knoxville, TN 37917
(865) 556-8676 broadwaystudiosandgallery@gmail.com

Name: _____
ADDRESS: _____ Zip Code: _____
Phone/Cell: _____ email: _____

I have carefully read the guidelines, terms, and conditions for the Broadway Studios & Gallery exhibit and agree to abide by them and to pick up my work promptly.

Signature: _____ Date: _____

Please make two copies of this Entry Form. Cut bottom label and attach to the back of your entry. Leave top half with Gallery staff.

Entry Labels (Entry number will be assigned by the Gallery.)

No. _____ Artist: _____
Title: _____
Medium/media: _____
Category : _____ 2-D _____ 3-D (Check one.)
Sale Price: \$ _____
Or Not for Sale _____

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Title: _____
Medium/media: _____
Category: _____ 2-D _____ 3-D (Check one.)
Sale Price: \$ _____
Or Not for Sale _____