

(Primary) Artist Name _____

Mailing address _____

Phone number _____

Email address _____

Additional Artists (use a second sheet if your collaboration is larger than three people)

Name _____

email address _____

Name _____

email address _____

Date _____ Number of pieces: _____

Amount included: _____

Please read before you sign the application form:

- Sauk County Art Association volunteers will take all precautions possible, but will not be responsible for damage, breakage, loss or theft of the artwork.
- The competition committee has the right to reject any piece of artwork not in agreement with the mission of this competition, the entry guidelines, or the goals of the SCAA.
- Artists grant SCAA permission to photograph the art, use the photo for publicity for 2 years and to allow it to be part of any exhibit associated with this show if selected for the exhibit.
- The artist is responsible for paying sales taxes on any work sold.
- Keep a copy for your records.

Your signature(s) is your agreement to the rules and conditions for this competition.

Please check the box if you agree to be added to our email list.

Name: _____

Name: _____

Name: _____