

ART JURY REGISTRATION FORM
SAINT ALPHONSUS ARTIST OF THE MONTH

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number to Reach You: _____

Email Address: _____

Price Range of Art Work: _____

Website or Social Media (if applicable): _____

Artwork Piece #1 Title: _____

Medium: _____

Artwork Piece #2 Title: _____

Medium: _____

Artwork Piece #3 Title: _____

Medium: _____

Signature: _____ Date: _____

{Reminder: Please do not submit an art piece that has been previously shown in the Saint Alphonsus Art Jury or in a previous exhibit at Saint Alphonsus.}