



Application to Exhibit
3rd Annual Veterans Art Show

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please provide the following information for each item submitted
Title (if applicable) or description (if not titled) and medium.

Entry #1 Title _____ \$ _____

Medium _____

Entry #2 Title _____ \$ _____

Medium _____

I give permission to take and use photos of my work for marketing purposes in
print and online.

Applicant Signature _____ Date _____

On the Hill Gallery 402 Main Street Yorktown, VA 23990 757-369-1108
Yorktownartsfoundation@gmail.com