



Registration Form
Fall Expressions 2025 Exhibition

Name _____ Telephone (____) _____
Address _____
City _____ State _____ Zip Code _____
Email _____

Entry #1

Title _____
Medium _____
Price _____ Size _____

Entry #2

Title _____
Medium _____
Price _____ Size _____

Entry #3

Title _____
Medium _____
Price _____ Size _____

Entry #4

Title _____
Medium _____
Price _____ Size _____

Entry #5

Title _____
Medium _____
Price _____ Size _____

Please accept my work for consideration into the Fall Expressions Exhibit. By applying to this exhibit, I agree and submit to all the terms outlined in the call for entries. I agree to deliver my artwork to Barshop JCC on ***Tuesday, Sept 30th (2-7pm)** for installation.

Artist Signature _____ Date _____