

2019 Fall Entry Form

Name _____

Address _____ Ph. _____

City _____ State _____ Zip _____

email _____

Title # 1: _____ Price: _____ Ins Value: _____

Title # 2: _____ Price: _____ Ins Value: _____

Please write NFS if work is not for sale

Entry Fee* (1 or 2 Paintings): MEMBER \$35 NON MEMBER \$50

Artist's Signature _____

*Send CD (or email files to (wendykorn@gmail.com) with form and check made payable to MWS to:

Miami Watercolor Society, C/O Wendy Kornfield

55 Merrick Way, Unit 652

Coral Gables, FL 33143

Cut, Complete and **SEND** this portion along with entry fee.



Fall 2019 Exhibition Tag Entry 1

Name: _____

Phone: _____

Title: _____ Price: _____

Insurance Value: _____

Accept Yes No

Cut out label and place in the upper right corner on back of painting:

Fall 2019 Exhibition Tag Entry 2

Name: _____

Phone: _____

Title: _____ Price: _____

Insurance Value: _____

Accept Yes No