Reading Art Association

2025 Fall Show Entry Form

Artist Information

Last Name:_____ **First Name:**_____

Street:_____ **City:**_____ **Zip**_____

Telephone:_____ **Email:**_____

Main Show Entries

Title of Main Work #1:_____

Medium:_____ **Size:**_____ **Price $**_____

Title of Main Work #2:_____

Medium: _____ **Size:** _____ **Price $**_____

Title of Main Work #3:_____

Medium:_____ **Size:**_____ **Price $**_____

Mini Show Entries

Title of Mini Work:_____

Medium:_____ **Size:**_____ **Price $**_____

Title of Mini Work:_____

Medium:_____ **Size:**_____ **Price $**_____

Sign when you deliver of your art.

I understand that Reading Art Association, Inc., assumes no responsibility for loss, damage or theft of any works including, but not limited to, paintings, photographs or sculptures entered in this exhibit.

Signature of Entrant _____Date_____

Sign here when you pick up your art.

I have received the above entries, unless sold, in satisfactory condition.

Signature of Entrant _____Date_____

Attach the forms below to the backs of your entries at top center

Entries for the Main Show

Last Name_____ First Name**:**_____

Street**:**_____ City_____ Zip_____

Telephone_____ Email_____

Title of Main Work #1_____

Medium_____ Size_____ Price $_____

Last Name_____ First Name**:**_____

Street**:**_____ City_____ Zip_____

Telephone_____ Email_____

Title of Main Work #2_____

Medium_____ Size_____ Price $_____

Last Name_____ First Name**:**_____

Street**:**_____ City_____ Zip_____

Telephone_____ Email_____

Title of Main Work #3_____

Medium_____ Size_____ Price $_____

Entries for the Mini Art Show

Last Name_____ First Name**:**_____

Street**:**_____ City_____ Zip_____

Telephone_____ Email_____

Title of Mini Work_____

Medium_____ Size_____ Price $_____

Last Name_____ First Name**:**_____

Street**:**_____ City_____ Zip_____

Telephone_____ Email_____

Title of Mini Work_____

Medium_____ Size_____ Price $_____