

PEMBROKE ART FESTIVAL
FILL OUT and GIVE TO CHECK-IN STAFF

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE _____
TITLE _____
PRICE \$ _____
CIRCLE YOUR CATEGORY (one only)
Color Photography | B/W Photography | Pastel/Drawing
Watercolor/Guache | Oil/Acrylic | Other
YOUR MEDIUM _____
SIGNATURE _____
E-MAIL _____
(will be used for contact only, never passed on to a third party)

(Attach to artwork)

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Your Receipt

Pick up Day: Sun Aug 14th.
Time: 4pm to 5:30pm

Sorry but we cannot hold pieces for pick up at a later date/time.
There are no storage facilities available. Please plan accordingly
or do not leave the piece. Thank you!

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PAF Staff
Member _____

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