

white copy

ENTRY #

A

PAID

D

INIT.

FLORIDA
Suncoast
WATERCOLOR SOCIETY

SHOW _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

_____ ZIP _____ PHONE _____

EMAIL _____ PRICE _____

TITLE _____

I have read the Statement of Responsibility and enter my work under the conditions stated.

Signature Date

yellow copy

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Picked up in good condition by:

Signature Date

STATEMENT OF RESPONSIBILITY

I am fully aware of the Entry Requirements and that no refund of entry fees or dues will be made.

It is understood that my work will receive the best possible care, however, the Florida Suncoast Watercolor Society will not be responsible for loss or damage by any cause whatsoever, to my work.