

HOPE AND SONS

ART AWARDS 2024

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OFFICIAL ENTRY FORM

FIRST NAME: _____ SURNAME: _____

ARTWORK TITLE: _____

MEDIUM: _____ SALE PRICE: _____

WIDTH: _____ LENGTH: _____ DEPTH: _____ (mm)

POSTAL ADDRESS: _____

CITY / TOWN: _____ POSTCODE: _____

EMAIL: _____ PHONE: _____

To be considered for the Young Artist Award, if you are 25 years old or younger on 19th April 2024, please write your date of birth here:

DD / MM / YY: ____ / ____ / ____

YOUR ARTIST BANK ACCOUNT NO:

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\$35.00 ENTRY FEE IS TO BE PAID BY FRIDAY 1ST MARCH 2024:

Payment Method:

Online via Direct Credit to: **Otago Art Society Inc.** ACCOUNT NUMBER: 02-0929-0274457-00

REFERENCE: Your name

PARTICULARS: HOPES

In person at Gallery - Eftpos/Credit Card/PayWave available Date Paid: _____

PLEASE TICK METHOD OF ARTWORK RETURN (IF SELECTED & UNSOLD):

PRE-PAID COURIER TICKET ENCLOSED WITH WORK (returned if work sells)

PICK-UP PERSONALLY FREIGHT FORWARD FORM

RSVP FOR AWARDS EVENING - (OAS members plus 1)

I will be attending the Awards evening Number attending _____

ART EXHIBITOR DECLARATION:

By signing this form, I confirm that I have read and agree to all conditions of entry to the Hope and Sons Art Awards 2024.

ARTIST SIGNATURE: _____ DATE: _____