

PLEASE CUT APART ***ONLY*** ON SOLID LINE AND ATTACH ALL
THREE SECTIONS, INTACT, TO THE TOP, REAR OF THE PAINTING

Number of Paintings ☐ 10/2026

Name _____

Title _____

☐ Accepted ☐ Declined

10/2026 CATALOG - *PRINT CLEARLY*

Please Circle 3 Available Dates to Gallery Sit

10/22 10/23 10/24 10/25 10/29 10/30
10/31 11/1 11/5 11/6 11/7 11/8 11/12 11/13
11/14 11/15 11/19 11/20 11/21 11/22

E-mail _____

Name _____

Title _____

Price _____ Phone # _____

☐ C.W.S. Member ☐ Non-Member

☐ Please check this box if your painting has
been executed with only transparent watercolor.

☐ Accepted ☐ Declined

☐ Declined

PAINTING TITLE _____

Pick-Up Unaccepted Works: Saturday, October 17, 1:00 p.m. – 2:00 p.m.
Sunday, October 18, 1:00 p.m. – 4:00 p.m.
Sunday, November 22, 4:00 p.m. – 4:30 p.m.
Monday, November 23, 12:00 noon – 12:30 p.m.

TOWN, STATE, ZIP

STREET

NAME

☐ Accepted

C.W.S. EXHIBITION – ARTIST NOTIFICATION

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