Streeton Roberts McCubbin Awards Exhibition

Sat 25 May - Sat 15 June 2024

Entry Form and artwork images- due date Sunday 5th May

Exhibitor name-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile/Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a member of Sherbrooke Art Society Yes No (please circle)

I enclose my entry fee for (no of artworks)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members @ $20 per artwork, Non-members @ $25 per artwork Max number of artworks is three.

I have read and accept the conditions of entry and agree to be bound by them.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please supply your banking details for payment of any sold artworks

Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BSB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABN number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registered for GST Yes / No

I am a hobby artist Yes/No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Artwork title (Max 20 letters)** | **Framed** **Size** | **Medium** | **9 x 5****Yes/No** | **Master circle** **Yes/No**  | **Price** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

Entry fee paid $……………………..

Payment to Sherbrooke Art Society BSB 633 000 Account 155738446 (Label with Name and SRMC)

Delivery of Artworks By self Yes / No

By Australia Post Yes By Agent- Name of agent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If collecting by agent please give your written authority.

**Post entry form to Sherbrooke Art Society 62 Monbulk Rd, Belgrave Vic 3160**

**or email form and images to** **info@sherbrookeartsociety.com**

For Office use only-

Date of collection\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Artist/Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_