

# ENTRY FORM

All Faculty Members, Alumni, and Community  
Artists

(form not for BHS Senior Students)

**Please Print**

Artist receipt # \_\_\_\_\_  
(office use)

Artist Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

BHS Graduate? yes \_\_\_ no \_\_\_ year \_\_\_\_\_ Maiden name \_\_\_\_\_

- ( ) I am in agreement with the conditions set forth in this prospectus
- ( ) I acknowledge that the Bayonne Board of Education is not responsible for loss or damage to my art work. I have been advised to have it insured myself.

**Artist's Signature** \_\_\_\_\_

NUMBER OF ENTRIES: \_\_\_\_\_ @ \$5.00 ea. Amount paid \_\_\_\_\_

Make check payable to BHS Art Faculty Scholarship Fund Check # \_\_\_\_\_

**Please list all art work:** Please print or type

Work # (office use)	Title	Media/Category	Please check Price, NFS, POR	Work received
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## Artist Receipt

Please Complete:

Artist Name \_\_\_\_\_ Artist receipt # \_\_\_\_\_  
(office use)

NUMBER OF ENTRIES: \_\_\_\_\_ @ \$5.00 ea. Amount paid \_\_\_\_\_

Make check payable to BHS Art Faculty Scholarship Fund check # \_\_\_\_\_