

THE 19th ANNUAL
B.H.S. FACULTY, STUDENT, ALUMNI, COMMUNITY ART EXHIBIT-2010
Monday, March 22, through Friday, March 26, 2010

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 # _____