



Portsmouth Arts Guild

P.O. BOX 463, 2679 EAST MAIN ROAD
PORTSMOUTH, RI 02871

EXHIBITION FORM

**PRINT AND RETURN WITH PAYMENT TO
PAG WORKSHOPS, P. O. BOX 463, PORTSMOUTH, RI 02871**

Name: _____

Street _____

City, State, Zip _____

Email: _____ **Phone:** _____

For each entry, please include the title, media, description and price.

Ten submissions accepted for the Weekly Challenge Exhibition

First Entry

Second Entry

Third Entry

Please attach additional submissions labeled with your name and entry information as above.

Weekly Challenge Submissions: \$25 for Members and Non Members

Ten submissions

Amount enclosed: \$ _____

Return with payment to: Gallery, P.O. Box 463 Portsmouth, RI 02871.

For any questions, please contact galler@portsmoutharts.org