

(Primary) Artist Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Additional Artists** (use a second sheet if your collaboration is larger than three people)

Name \_\_\_\_\_

email address \_\_\_\_\_

Name \_\_\_\_\_

email address \_\_\_\_\_

Date \_\_\_\_\_ Number of pieces: \_\_\_\_\_

Amount included: \_\_\_\_\_

Please read before you sign the application form:

- Sauk County Art Association volunteers will take all precautions possible, but will not be responsible for damage, breakage, loss or theft of the artwork.
- The competition committee has the right to reject any piece of artwork not in agreement with the mission of this competition, the entry guidelines, or the goals of the SCAA.
- Artists grant SCAA permission to photograph the art, use the photo for publicity for 2 years and to allow it to be part of any exhibit associated with this show if selected for the exhibit.
- The artist is responsible for paying sales taxes on any work sold.
- Keep a copy for your records.

**Your signature(s)** is your agreement to the rules and conditions for this competition.

Please check the box if you agree to be added to our email list.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_