

# Application Form

Artist's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day #: \_\_\_\_\_ Evening #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Number of images enclosed: \_\_\_\_\_

Please complete application and mail with images, entry fee and self-addressed, stamped envelope to RMA.  
Slides/CDs will be returned ONLY when accompanied by the SASE. Make checks payable to RMA. Slides/CDs will NOT be returned for selected works.

## *Agreement*

I authorize use of images submitted with my application or duplicates thereof for publicity or documentation. RMA reserves the right to refuse entry or remove work for any reason. Artist's signature indicates agreement to all conditions stated in this prospectus:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Contact: Leigh Anne Chambers, Executive Director  
757-653-0754, leighanne@rawlsarts.com

1) Artist name:  
Title:  
Date completed:  
Medium:  
Dimensions:  
Price or Value if NFS:

2) Artist name:  
Title:  
Date completed:  
Medium:  
Dimensions:  
Price or Value if NFS:

3) Artist name:  
Title:  
Date completed:  
Medium:  
Dimensions:  
Price or Value if NFS: