Entry Form

Please fill in both sections in block capitals.

Young Artist
OPEN
EXHIBITION

Name:...

Age:...

Artwork title:..

School*:...

This half to be removed by gallery staff.

Name:...

Age:...

Artwork title:..

Email address: ....

Postcode:..

Phone number: ....
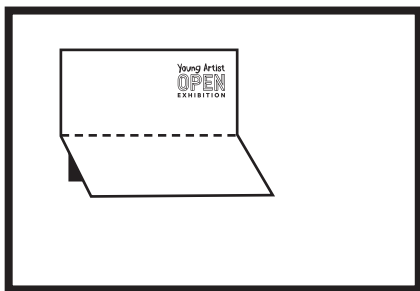
School*:...

*Only complete school details if you are submitting from a school   PTO

**Stick on the back of
your artwork**

DO NOT remove backing