

Art Exhibition/Contest

Please fill out for each Art Exhibit Entry

Artist Name: _____ **Adult 18+** _____

Young Adult 12-18 _____

Child(<12) _____

Exhibit Name: _____

Please provide a narrative about your art exhibit

For Sale? (please Circle) Yes / No **If yes: Sale Amount \$** _____

Checks should be made out to St²Anthony Hospital Foundation²

Artist Contact Information: Phone Number _____

Contact Event Chair

Janeen Reding

541-215-5868 (cell)

or

Emily Smith, Foundation Director

503-887-1599 (cell)