

Pastel Society of Central Florida

Members Only Exhibit Application *I Spy Something Red*

Leesburg Center for the Arts
429 West Magnolia St, Leesburg,
November 4 to December 22, 2023

Keep the info
on this page for
your reference.

Application Deadline: October 21

Drop-off Date: November 4 from 11:00 a.m. to Noon

Drop-off Location: Leesburg Center for the Arts

Pick-up of unsold work: December 23 from 11:00 a.m. to Noon

Reception & Announcement of Award Winners: November 10 from 5:30 to 7:00 p.m.

For more information contact Exhibit Chair: Kathy Karol – katkarol@hotmail.com or phone 704-881-4026

AWARDS: Best of Show, 1st Place, 2nd Place and 3rd Place, Jackie Alderton award and Peoples Choice Award

Entry Fee is \$20 for one or \$25 for two entries and \$30 for three entries

How to Submit Entry and Pay:

To Pay By Check: Print out and complete application page. Make check payable to Pastel Society of Central Florida. Mail to the address below.

This is a member only exhibit, if you are not a member please join and pay dues here:
<https://pastelsocietyofcentralflorida.com/members>

APPLICATION PAGE Print and Complete.

Mail check to: Teresa Kendall, PSCF Treasurer - 717 Dumas Street, The Villages, FL 32159

Members Only Exhibit – I Spy Something Red

Entry fees: \$20 for (1) entry - \$25 for (2) entries - \$30 for (3) entries

ARTIST NAME _____

PLEASE PRINT CLEARLY (*Your name as you want it to appear on the Title Card*)

ADDRESS _____

HOME PHONE _____ CELL _____

EMAIL _____

Please think carefully about your artwork title and price before you submit your application. Please DO NOT ask for changes to your application after it is submitted. Thank you.

Title #1: _____

Framed Size _____ PRICE (OR NFS): \$ _____

Title #2: _____

Framed Size _____ PRICE (OR NFS): \$ _____

Title #3: _____

Framed Size _____ PRICE (OR NFS): \$ _____

Release Form: Though all possible care will be taken to safeguard my work, I understand, and agree, that neither PSCF or Leesburg Center for the Arts (and/or agents of either organization) will be responsible for loss or damage of my artwork.

By signing this Exhibit Application, applicant agrees to abide by the dates and times listed above and the Pastel Society of Central Florida and have read the requirements listed on Prospectus.

ARTIST SIGNATURE: _____ **DATE:** _____

Exhibit Fee Amount Submitted: _____ Check # _____