

SENIOR CITIZENS ARTSHOW
2024 ARTWORK LABEL

LEAVE BOX BLANK
NUMBER ADDED BY
STATE COORD.

AT

County ATLANTIC

Last Name _____

First Name _____

Street _____

City _____

Phone () _____

Email _____

Title _____

Age _____ Year Created _____

Size: H _____ W _____

Category _____

☐ Non-Pro ☐ Pro

(If mixed-media or 3-D Art, specify materials)

Sale Price \$ _____ ☐ Not for Sale

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