

**ENTRY FORM***I-95 Triennial Invitational Exhibition*

All submissions must be accompanied by a non-refundable \$30 entry fee, payable to **UMaine Museum of Art**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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**#1** Title of work: \_\_\_\_\_

Dimensions (in inches): \_\_\_\_\_ height by \_\_\_\_\_ width by \_\_\_\_\_ depth

Date: \_\_\_\_\_ Insurance value: \_\_\_\_\_

Media: \_\_\_\_\_

Accepted: [ ]

Declined: [ ]

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**#2** Title of work: \_\_\_\_\_

Dimensions (in inches): \_\_\_\_\_ height by \_\_\_\_\_ width by \_\_\_\_\_ depth

Date: \_\_\_\_\_ Insurance value: \_\_\_\_\_

Media: \_\_\_\_\_

Accepted: [ ]

Declined: [ ]

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**#3** Title of work: \_\_\_\_\_

Dimensions (in inches): \_\_\_\_\_ height by \_\_\_\_\_ width by \_\_\_\_\_ depth

Date: \_\_\_\_\_ Insurance value: \_\_\_\_\_

Media: \_\_\_\_\_

Accepted: [ ]

Declined: [ ]

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#4 Title of work: \_\_\_\_\_

Dimensions (in inches): \_\_\_\_\_ height by \_\_\_\_\_ width by \_\_\_\_\_ depth

Date: \_\_\_\_\_ Insurance value: \_\_\_\_\_

Media: \_\_\_\_\_

Accepted: [ ]

Declined: [ ]

#5 Title of work: \_\_\_\_\_

Dimensions (in inches): \_\_\_\_\_ height by \_\_\_\_\_ width by \_\_\_\_\_ depth

Date: \_\_\_\_\_ Insurance value: \_\_\_\_\_

Media: \_\_\_\_\_

Accepted: [ ]

Declined: [ ]

#6 Title of work: \_\_\_\_\_

Dimensions (in inches): \_\_\_\_\_ height by \_\_\_\_\_ width by \_\_\_\_\_ depth

Date: \_\_\_\_\_ Insurance value: \_\_\_\_\_

Media: \_\_\_\_\_

Accepted: [ ]

Declined: [ ]

On the back of each submission (print-out), please write:

- The corresponding #'s from this form
- Your contact information
- Information about artwork