

# 2023 Fall Art Show Competition Entry Form

Entrants may complete their form online by clicking [HERE](#) or they may print the form below to fill out and turn in before the jury submission deadline, which is Monday, October 9th, 2023 at 11:45 PM.

## Harlin Museum Competition Show Juried Entry Form

Artist's Name: \_\_\_\_\_ Competition: **2023 Fall Art Show Competition**

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Total # of Entries: _____	<b>HOW WILL YOU BE PAYING YOUR ENTRY FEE?</b> <input type="checkbox"/> CASH <input type="checkbox"/> CARD / PAYPAL <input type="checkbox"/> CHECK # _____	<b>HOW WILL WE BE RECEIVING YOUR PAYMENT?</b> <input type="checkbox"/> MAIL-IN <input type="checkbox"/> IN-PERSON <input type="checkbox"/> DIGITAL PAYMENT
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**Please complete the Division, Entry Name and Category portions of the form below. Thank you!**

<b>Please choose the DIVISION of your first entry:</b> <input type="checkbox"/> YOUTH (17 & under) <input type="checkbox"/> ADULT: Novice <input type="checkbox"/> ADULT: Advanced	
Entry Name: _____	
Category/Medium: _____	<b>Entry #</b> _____
<b>Please choose the DIVISION of your first entry:</b> <input type="checkbox"/> YOUTH (17 & under) <input type="checkbox"/> ADULT: Novice <input type="checkbox"/> ADULT: Advanced	(please leave the above space blank )
Entry Name: _____	
Category/Medium: _____	<b>Entry #</b> _____
<b>Please choose the DIVISION of your first entry:</b> <input type="checkbox"/> YOUTH (17 & under) <input type="checkbox"/> ADULT: Novice <input type="checkbox"/> ADULT: Advanced	(please leave the above space blank )
Entry Name: _____	
Category/Medium: _____	<b>Entry #</b> _____
<b>Please choose the DIVISION of your first entry:</b> <input type="checkbox"/> YOUTH (17 & under) <input type="checkbox"/> ADULT: Novice <input type="checkbox"/> ADULT: Advanced	(please leave the above space blank )
Entry Name: _____	
Category/Medium: _____	<b>Entry #</b> _____
<b>Please choose the DIVISION of your first entry:</b> <input type="checkbox"/> YOUTH (17 & under) <input type="checkbox"/> ADULT: Novice <input type="checkbox"/> ADULT: Advanced	(please leave the above space blank )
Entry Name: _____	
Category/Medium: _____	<b>Entry #</b> _____
<b>Please choose the DIVISION of your first entry:</b> <input type="checkbox"/> YOUTH (17 & under) <input type="checkbox"/> ADULT: Novice <input type="checkbox"/> ADULT: Advanced	(please leave the above space blank )
Entry Name: _____	
Category/Medium: _____	<b>Entry #</b> _____

