

**Entry Form 2017 for Signature Membership -Pastel Painters Society of Cape Cod**

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

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

Town: \_\_\_\_\_

State/Zip code: \_\_\_\_\_

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

Website: \_\_\_\_\_

Phone-cell: \_\_\_\_\_

home: \_\_\_\_\_

**Title #1:** \_\_\_\_\_

Image size: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

**Title #2:** \_\_\_\_\_

Image size: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

**Title #3:** \_\_\_\_\_

Image size: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

**Title #4:** \_\_\_\_\_

Image size: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

**Title #5:** \_\_\_\_\_

Image size: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Please Refer to the application directions that accompany this entry form