Visual Art Entry Form – PLEASE PRINT LEGIBLY

Name of Student	Student #	
Street Address	City/State	Zip Code
Email	Telephone	
Submission		
Title	Med	lium
If this piece was submitted for a class, ple	ase indicate the name	of your instructor:
Attach your artist statement to this form	m. (maximum 250 wo	ords)
The Women's Center will exercise the utr however, please be advised that Bucks Co any loss or damage.	_	
I have read and understand the abo	ove.	
I also agree to allow BCCC to use	images of this work fo	or publicity purposes.
Student signature	Date	2
Received by	Date	2
Signature of student upon return of work	Date	2

Submit this form, your artist statement, and your original artwork to: Natalie Kaye, Women's Center, Rollins 112-4, Newtown Campus February $2-13,\,2009$.