

THE VILLAGES ART LEAGUE
PRESENTS

THE VAL FALL SHOWCASE

November 26, 2016 9:00-2:00 Savannah Center

REGISTRATION FORM (Please Print)

Registration begins Oct 17th and ends Nov 14th

Name: _____ Preferred Contact Phone No. _____

E-Mail Address: _____ Medium: _____

Home Address: _____

Make your check for \$20.00 payable to VAL – Enclosed Check No. _____

Circle the media you will be exhibiting/selling: Fine Art Paintings done in oil; Acrylic; Watercolors; Pastels; Drawings; Colored Pencil; Charcoal; Pen & Ink; Collage (Mixed Media); Framed Mosaics; Photography; Pottery; Painted Porcelain/China; Glass Art; Jewelry; and Wood Sculptures.

Mail your completed registration form and check to:

Judy Kimmel, 1653 Swallow Court, The Villages, FL 32162

If you have any questions, please contact:

Dore Via Dumas

865-643-3673

viadumas@yahoo.com

Indicate your preference for location (See Floor Plan on the Website): All tables are 8' long

#1. _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____

Do you need chairs? _____ Yes _____ No If so, how many? _____ 1 _____ 2

You will receive an e-mail when the spaces are assigned. Spaces will be assigned according to the U.S. Post Office Date Stamp. No personal drop-offs permitted.

- I hereby acknowledge that I have read and understand the VAL Fall Showcase Rules on page 2 of this application and I agree to abide by them.
- I understand that the Villages Recreation Department waiver applies.
- I am a member of the VAL in good standing.
- I vouch that all artwork will be my personal creations, either originals or reproductions of my originals.
- I agree to vacate the premises if a Committee Member determines that I have brought in manufactured goods.
- I will accept the space allotted by the committee as laid out on the floor plan, and know I cannot trade spaces or encroach on another artist's space.
- I will bring my Villages ID on the day of the show.

By signing, you agree that you have read and will comply with the rules of the show (found on page 2).

Signature: _____ Date: _____