The Art of Healing Galleries at Mosaic Medical Center-Maryville
Juried Exhibition Entry Form

Name: _____

Home Phone:_____Cell Phone: _____

Street Address: _____

City:_____State:_____Zip:_____County: _____

Birthdate:_____Email: _____

Title	Medium	Measurements	Price

Terms and Conditions Acknowledgment

By signing and submitting this entry form, I acknowledge and agree that I have been provided with a copy of the Official Terms and Conditions for the Art Experience Galleries at MMC-M Juried Exhibition, and hereby agree to comply with and be bound by the terms and conditions contained therein.

Signature:_____

Parent Signature (if under age of 18):_____