



**MINT HILL ARTS
GALLERY REGISTRATION FORM**

7714 MATTHEWS-MINT HILL RD. MINT HILL, NC 28227
980-226-5532; www.minthillarts.org

To Be Completed And Delivered With Your Artwork

PLEASE PRINT LEGIBLY

| | |
|----------------------------------|---------------|
| Last Name | First Name |
| Street Address, City, State. Zip | |
| Day Phone: | Evening Phone |
| E-mail address | |
| Web address | |

Please be sure the labels forms attached to the artwork match the entry numbers below.

| MHA # | TITLE | MEDIUM | PRICE | OFFSITE Y/N |
|-------|----------|--------|-------|-------------|
| | ENTRY #1 | | | |
| | ENTRY #2 | | | |
| | ENTRY #3 | | | |
| | ENTRY #4 | | | |
| | ENTRY #5 | | | |
| | ENTRY #6 | | | |
| | ENTRY #7 | | | |
| | ENTRY #8 | | | |
| | ENTRY #9 | | | |

I have read the Mint Hill Arts Liability Waiver; my signature below, written of my own free will, indicates that I agree to its terms and conditions.

Name and Signature of Registrant (if Registrant is a minor, then name and signature of parent or legal guardian):

Name: _____
 (PLEASE PRINT)

Signature: _____ Date: _____

| |
|--|
| For Official Use Only: Membership status: General ___ Active ___ Student ___ Household ___ Non-member ___ Action Required: Membership Renewal Required ___ New Member ___ |
|--|