Entry Form

Return to Kayla@veniceartcenter.com

First Name	
Last Name	
Age	
Street Address	
City, State ZIP	
Phone Number	
Email	

Medium	
Title	
Image	

By entering the exhibition:
I verify that this entry is my original work. By entering this exhibition, I give permission to the Venice Art Center, TDT, and the Community Foundation of Sarasota County to use artwork images in promotional material.

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Parent's signature if under the age of 18.