



Community Arts
— of —
BELLEVUE

**COMMUNITY ARTS OF BELLEVUE
9/11 MEMORIAL JURIED ART EXHIBITION**

Please complete the information below for **each** art piece being submitted:

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

School/Grade or Adult: _____

Title of Painting: _____

Size: _____

Medium (Acrylic, Watercolor, etc) : _____

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Internal use only: Art piece # _____