

SENIOR CITIZENS ARTSHOW  
2017 ARTWORK LABEL

LEAVE BOX BLANK  
NUMBER ADDED BY  
COUNTY COORD.

**A**

County **ATLANTIC**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

City \_\_\_\_\_

Phone (        ) \_\_\_\_\_

Category \_\_\_\_\_

Year Done \_\_\_\_\_

Size: H \_\_\_\_\_ W \_\_\_\_\_ Depth \_\_\_\_\_

**Non-Pro**     **Pro**

Title \_\_\_\_\_

(If mixed-media or 3-D Art, specify materials)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sale Price \$ \_\_\_\_\_  Not for Sale

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