Online entry form

Complete this form by typing directly into each box, then save and send as an email attachment to patakafriendsartawards@gmail.com



RS			

GIVEN NAME	SURNAME					
STREET ADDRESS						
CITY	POSTCODE					
TELEPHONE	MOBILE					
EMAIL						
ARTWORK DETAILS - IF NOT KNOWN, PLEASE SUPPLY THESE DETAILS WHEN SUBMITTING YOUR ARTWORK						
NAME OF ARTWORK						
MEDIA						
DATE COMPLETED	SELLING PRICE					
35% COMMISSION ON SALES – PROCEEDS TO FRIENDS' ARTIST IN RESIDENCE PROGRAMME ARTIST STATEMENT [OPTIONAL – 100 WORDS MAXIMUM]						

PAYMENT DETAILS

I am paying (tick/check one): ● \$20 ● \$10 (I am a student)

- I will pay by direct credit
 - Bank Account: Friends of Pātaka, 030547 0651464 00, Reference: Surname and initial
- I will pay at Pātaka Reception

ACKNOWLEDGEMENT

• I have read the terms and conditions of entry and agree to abide by them.

Type your name in this box in lieu of a signature

Please save and email as an attachment to patakafriendsartawards@gmail.com or print, sign, scan and send to: Friends of Pātaka, PO Box 50 058, Porirua 5240 or deliver to Pātaka Reception.

