

## Entry Form

Name: \_\_\_\_\_

CARCC Member: Yes\_\_ No \_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

GST #: \_\_\_\_\_ (if applicable)

E-mail Address: \_\_\_\_\_

1. Title: \_\_\_\_\_

Medium: \_\_\_\_\_

Final Dimensions: \_\_\_\_\_ Weight: \_\_\_\_\_

Year of Creation: \_\_\_\_\_ Insurance Value: \_\_\_\_\_

Available for sale? \_\_\_\_\_ Sale Price: \_\_\_\_\_

2. Title: \_\_\_\_\_

Medium: \_\_\_\_\_

Final Dimensions: \_\_\_\_\_ Weight: \_\_\_\_\_

Year of Creation: \_\_\_\_\_ Insurance Value: \_\_\_\_\_

Available for sale? \_\_\_\_\_ Sale Price: \_\_\_\_\_

3. Title: \_\_\_\_\_

Medium: \_\_\_\_\_

Final Dimensions: \_\_\_\_\_ Weight: \_\_\_\_\_

Year of Creation: \_\_\_\_\_ Insurance Value: \_\_\_\_\_

Available for sale? \_\_\_\_\_ Sale Price: \_\_\_\_\_

**Personal Information Content**

Personal information contained on this form is collected under the authority of the **Municipal Act, R.S.O. 2001, c25**, and will be used by City staff for exhibit administrative purposes. The City reserves the right to verify all information contained in submissions. By completing this application form, you consent to the collection and disclosure of your personal information, and to its use by the City of St. Catharines, as described above.

Questions about this collection should be directed to the Clerk's Office, 50 Church Street, St. Catharines, Ontario, L2R 7C2 at 905-688-5601 ext. 1507

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I have read the **Conditions of Entry** accompanying this form and agree to submit my work/s under these terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_