

Art Walk

Artist Acceptance Form

Please mail completed form and check/money order for \$75.00 (or \$150.00 if you require two spaces), made payable to MPEDA Events, to PO Box 437, Medicine Park, OK 73557. Fees are nonrefundable. Please email _____ ; three jpg examples of your work.

Name: _____ Address: _____

(Please print clearly for name tags.)

City: _____ State: _____ Zip: _____ Phone: _____

Email _____ Website _____

The city of Medicine Park requires that ONE of the following three spaces MUST be filled in:

OTC Sales Tax # _____ FEIN# _____ SSN# _____

What is your art medium? _____

Comments _____

In the event of severe weather all or part of the Art Walk will be canceled without refund. Detailed information about parking and unloading will be mailed three weeks before the event. Photos sent to us may be used for publicity for the Art Walk. The Art Walk Committee is not responsible for loss, damage or acts of nature.

I, the undersigned, attest that the above information is true and correct, and that I am responsible for collecting, reporting and paying all applicable state sales taxes. I am 18 years old or older.

Signature _____ Date _____