

Artists of Minnesota Spring Show, May 5 - 7, 2023
Registration (must be postmarked by April 14)
(Please print clearly.)

Please fill out as applicable:

Name _____
 Address _____
 City/Zip _____ Phone _____
 Email _____
 Guest(s) names _____

Registration Fee (\$25) \$ _____
 Saturday Breakfast
 (\$15) plus Guest _____ \$ _____
 Saturday Lunch
 (\$21) plus Guest _____ \$ _____
 Saturday Banquet
 (\$38) plus Guest _____ \$ _____
 Sunday Brunch
 (\$19) plus Guest _____ \$ _____
 Judy Garland Museum Guided Tour
 (\$17) plus Guest _____ \$ _____

Please check if attending the free Art Activity:
 _____ Art Activity for Kootasca

Entry #1 Title _____
 Category # _____ Media _____ Price _____

Members' Choice Award
 Donation (optional) \$ _____

Entry #2 Title _____
 Category # _____ Media _____ Price _____

Member Dues 2023
 (\$25 if not already paid) \$ _____

I understand that Sugar Lake Lodge and others involved with the Spring Show will exercise due caution with my work, but shall not be liable for any damage or loss of my work. I verify that my painting/art work is original and recent. **IF I** am unable to deliver or retrieve my work from the show myself, I have designated the following person to do so on my behalf: _____

(Please fill out the membership form below and include it with registration).

By signing below, you verify that information on this form is correct and you agree to all terms:

TOTAL DUE \$ _____

 (signed) _____ Date _____

**PLEASE FILL OUT ALL
 INFORMATION AND SIGN.
 RETURN THIS PAGE:**

**Make check payable to
 Artists of Minnesota.**

**Send registration and payment to:
 Sue Brown Chapin, P.O. Box 43,
 Carlton, MN 55718**
 (Questions? Contact Sue at 218-565-2359 or
 by email at suebrownchapin@gmail.com).

***PAINTING TAGS, to be attached to
 the back of your artwork,
 are included on another page.***

Artists of Minnesota 2023 Membership Form \$25

Name _____
 Address _____
 City/State/Zip _____
 County _____ Phone _____
 Email _____
 Website (if applicable) _____
 _____ NEW _____ RENEWAL Amt. Enclosed _____

**EITHER include this form with Show Registration (if attending), OR mail it
 to: Sue Brown Chapin, P.O. 43, Carlton, MN 55718**