





PARTICIPATION AGREEMENT

Office Use ONLY

Canvas #:

PLEASE PRINT LEGIBLY. We don't want to spell your name incorrectly!

Participar	nt Name: Last		First		
Address:	Street Address		City	State	Zip
Phone:	() Day	()Cell		E-mail	
By accepti	ing this canvas and signing t	his document I here		that I am responsible fo	
held liable	canvas or the unused canva for the full amount of \$50.9 to the above conditions				
Signature	of Participant			Date	_
Participan	under 18 years of att under the age of 18 years and consent for minor particular.	ars are required to			
Signature	of Parent(s)/Guardian			Date	_

ALL CANVASES DUE ON SUNDAY, JUNE 22, 2025

****Important guidelines are available on The Hardy Gallery website: www.thehardy.org.***

This form must be completed in its entirety and returned BEFORE you can receive a canvas!