

**YORBA LINDA ARTS ALLIANCE FOUNDATION/ Yorba Linda Art Gallery  
Americana Exhibit June 1 through July 27, 2024  
ENTRY FORM**

**Artist Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email**  
\_\_\_\_\_

**Artist website** \_\_\_\_\_

**#1 Title of Entry** \_\_\_\_\_

**Medium** \_\_\_\_\_ **Price** \_\_\_\_\_ **Dimensions** \_\_\_\_\_

**#2 Title of Entry** \_\_\_\_\_

**Medium** \_\_\_\_\_ **Price** \_\_\_\_\_ **Dimensions** \_\_\_\_\_

**#3 Title of Entry** \_\_\_\_\_

**Medium** \_\_\_\_\_ **Price** \_\_\_\_\_ **Dimensions** \_\_\_\_\_

**#4 Title of Entry** \_\_\_\_\_

**Medium** \_\_\_\_\_ **Price** \_\_\_\_\_ **Dimensions** \_\_\_\_\_

I have read, understand and have complied with the entry rules. I release Caduceus Medical Group, Yorba Linda Arts Alliance Foundation Board, its officers and members from any liability due to damage or loss of submitted art work. I also understand that photos or videos of the artist or artworks may be used for publicity purposes.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_