KVCC FOUNDATION ALUMNI ART SHOW CALL FOR ENTRY FORM

CENTER FOR NEW MEDIA & ARCUS GALLERY

June 2024 | Limit 3 Entries per Alumni

First Name:	Last Name:		
Street Address:			
City:	State:		Zip:
Email:	Ph	10ne:	
Years of Attendance:	Ye	ar of Graduation:	
Program of Study:			
Title of Work #1:			
File Name:			
Medium(s) Used: Description of Work: (for accurate identification)			
Category:		ailable for purchase? YES or NO	
Title of Work #2:			
File Name:			
Medium(s) Used:			
Category:		ailable for purchase? YES or NO	
Title of Work #3:			Added to Thumb Drive
File Name:	Ye	ar Work Created: _	
Medium(s) Used:			
Description of Work:			
Category:		ilable for purchase? YES or NO	
I certify that this work submitted is my orignal work and only		·	erences or in the actual work.
Signature:		Date:	

