

ARTOPIA 2024 ART SUBMISSION FORM

Did you create this pie	∍ceჴ	Yes	∐ No	
Please print the following information:				
Name:				
Company:				
Address:				
Address:Phone Number:		Email:		
Website (optional):				
If you didn't create	this piece,	complete to the k	oest of your ability:	
Artist Name (if Donor):				
Artwork Title:				
Artwork Description (please b	oe specific):			
Artist Biography:				
Artwork Medium:		Dimensio	ns:	
Retail Value:			_	
		•	minimum bids for all art.	
How did you hear about us?				
		_		
Signature:		Dat	te:	
By checking this box. I ga	ree that I am	donatina 100% d	of my artwork to Artopia; all	of
the proceeds from its sale will su		•	,	
Big Bend Cares will not be liable				
also garee that my artwork, if un		•	•	