

SENIOR CITIZENS ARTSHOW
2025 ARTWORK LABEL

LEAVE BOX BLANK
NUMBER ADDED BY
STATE COORDINATOR

E

County **ESSEX**

Last Name _____

First Name _____

City _____

Phone () _____

Category _____

Year Done _____

Size: H _____ W _____ Depth _____

☐

Non-Pro

☐

Pro

Title _____

(If mixed-media or 3-D Art, specify materials)

Sale Price \$ _____ ☐ Not for Sale

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