



Spring Arts
23 October - 2 November
 Arts Council of Mansfield Inc. ABN: 84 244 359 792



Kirra Galleries Emerging Artist Award 2015 - ENTRY FORM

Please return completed entries by the deadline of Friday 14 August, 2015

Email with payment, statements, images and CV to Rosie Brennan at magemansfield@gmail.com or post to Convenor-MAGE 2015, ACM, P O Box 34, Mansfield, Vic 3724. Please PRINT clearly in black. Enquiries to Rosie Brennan on 0431 848 674.

Where did you hear about MAGE? (Please circle)
 [1] Previous MAGE entry [2] Ausglass, AGDA or NZSAG [3] Other : (please specify)

Artist First Name:	Family/ Last Name:
Postal/street address:	
Suburb/town:	State: Postcode: Country:
Telephone: ()	Are you registered for GST? No Yes
Mobile:	ABN:

Email:

Title of Work (maximum 3 entries)	Medium/ Technique	Dimensions in mm	Price (inc GST)	Entry Fee
1.				\$40.00
2.				\$23.00
3.				\$18.00
Total fees due				\$

Display guide: Please provide a clear guide as to how each entry should be displayed if selected as a finalist work. ACM can provide a gallery hanging system against a window or wall and 450mm² wooden plinths painted a pale taupe 600/ 900/ 1200mm tall. Any other materials or display props required must be supplied by the artist.

Entry 1.
 Entry 2.
 Entry 3.

Artist's Statement and Curriculum Vitae: Please attach [1] a brief statement about each work you have entered – not more than 60 words per entry – and a 1-page CV outlining studies, developments in your career and artistic achievements to date.

Declaration: I declare that I have read and agree to abide by the MAGE 2015 Conditions of Entry. I declare also that I am eligible to enter the Kirra Galleries Emerging Artist Award, the piece/s entered is/are my own original work made in the last year.

Signed by artist: _____ Date: _____ 2015

Payment: Entry fees may be paid to the Arts Council of Mansfield Inc by cheque, direct transfer or credit card.

Cheque No. in the name of in the amount of \$ _____ is enclosed.

Transfer to ACM bank account, Mansfield & District Community Bank BSB 633-000 ACC No. 145674081: \$ _____ was completed on (date) __/__/__ (Please identify the transfer with 'MAGE' and your last name eg. MAGEsmith)

Card: I authorise ACM to charge \$ _____ + 2% to my **Visa** or **MasterCard**. Name on card: _____

Card number: _____ Expiry date: ____/____/____ CCV: _____

Signature of cardholder: _____ Date: _____ 2015