

PLEIN AIR REGISTRATION FORM
OCTOBER 26-28, 2017

Name: _____ Date: _____

E-Mail: _____ Telephone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

The artist has read and agrees to the Artist Instructions and Event Rules for Wrightsville Beach Museum's Paint Out 2017.

\$30 fee has been paid via:

___ check # _____

___ Visa/MasterCard

___ cash

Wrightsville Beach Museum of History

303 West Salisbury Street
Wrightsville Beach, NC 28480
910-256-2569 ~ WBMuseum @bizec.rr.com