

**Apple Blossom Festival Art Show
Registration Form**

Name: _____

Address: _____

_____ **Postal Code:** _____

Telephone: _____ **Number of Entries:** _____

Type(s) of Art Work: _____

Complete this form, make check or money order for **\$5.00** payable to **Artists Circle**.
Mail form and cheque to: **Myrna Maye, 726 Rocknotch Road, RR #5, Kingston, NS,
B0P 1R0.**