

SCHAEFER  
PORTRAIT  
CHALLENGE  
2025

**ENTRY FORM**

Please fill out this entry form and bring it along with your work during the designated receiving time on your island. Artists submitting two entries must fill out a form for EACH entry. Payment of the \$35 entry fee will be collected at the time of receiving.

ENTRY # _____ (Leave blank)
--------------------------------

NAME

ADDRESS

CITY

ZIP

CELL PHONE

EMAIL

WEBSITE

TITLE OF WORK

MEDIUM

DIMENSIONS

DATE COMPLETED

PRICE (If not for sale, indicate NFS and list the value)

NAME OF SITTER

**SITTER'S SIGNATURE (Required)**

ARTIST BIOGRAPHICAL INFORMATION, EDUCATION, EXHIBITIONS, AWARDS, ETC. (Up to 150 words)

**ENTRY FORM - Continued**

---

NAME

ARTIST'S STATEMENT (Up to 150 words)

*We encourage you to put consideration into your written statement. It will be read to the jurors.*

SCHAEFER  
PORTRAIT  
CHALLENGE  
2025

ENTRY # \_\_\_\_\_  
(Leave blank)

NAME OF ARTIST

TITLE OF WORK

MEDIUM

DIMENSIONS

DATE COMPLETED

PRICE (If not for sale, indicate NFS and list the value)

