

**Please cut and fill out all 3 labels:**

1. For Artwork

**SENIOR CITIZENS ART SHOW  
ARTWORK LABEL**

**Ocean County**

**\*Adhere to back right corner of artwork\***

Non-Professional     Professional

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Size: H \_\_\_\_\_ W \_\_\_\_\_ Year Created: \_\_\_\_\_

Category \_\_\_\_\_

**Please check one:**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Acrylic     | <input type="checkbox"/> Print          |
| <input type="checkbox"/> Craft       | <input type="checkbox"/> Photography    |
| <input type="checkbox"/> Digital     | <input type="checkbox"/> Sculpture      |
| <input type="checkbox"/> Mixed Media | <input type="checkbox"/> Watercolor     |
| <input type="checkbox"/> Oil         | <input type="checkbox"/> Works on Paper |
| <input type="checkbox"/> Pastel      |   |

2. For Organization

**SENIOR CITIZENS ART SHOW  
2026 ARTWORK LABEL**

**Ocean County**

**\*Ocean County College\***

Non-Professional     Professional

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Size: H \_\_\_\_\_ W \_\_\_\_\_ Year Created: \_\_\_\_\_

Category \_\_\_\_\_

**Please check one:**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Acrylic     | <input type="checkbox"/> Print          |
| <input type="checkbox"/> Craft       | <input type="checkbox"/> Photography    |
| <input type="checkbox"/> Digital     | <input type="checkbox"/> Sculpture      |
| <input type="checkbox"/> Mixed Media | <input type="checkbox"/> Watercolor     |
| <input type="checkbox"/> Oil         | <input type="checkbox"/> Works on Paper |
| <input type="checkbox"/> Pastel      |   |

3. Artist's Copy

**SENIOR CITIZENS ART SHOW  
2026 ARTWORK LABEL**

**Ocean County**

**\*Artist's Copy\***

Non-Professional     Professional

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Size: H \_\_\_\_\_ W \_\_\_\_\_ Year Created: \_\_\_\_\_

Category \_\_\_\_\_

**Please check one:**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Acrylic     | <input type="checkbox"/> Print          |
| <input type="checkbox"/> Craft       | <input type="checkbox"/> Photography    |
| <input type="checkbox"/> Digital     | <input type="checkbox"/> Sculpture      |
| <input type="checkbox"/> Mixed Media | <input type="checkbox"/> Watercolor     |
| <input type="checkbox"/> Oil         | <input type="checkbox"/> Works on Paper |
| <input type="checkbox"/> Pastel      |   |