

**"Young at Art"**  
Peter Anderson Festival Art Market for Kids  
Saturday, November 4, 2023



Name: \_\_\_\_\_ Name of business: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

Description of Medium(s): \_\_\_\_\_

**Fee:** Free to artists 8 – 18 years old (with or without a table) • **Table Size:** 3 feet x 6 feet  
**Total space allotted:** 5x10 feet (booths may be shared by two students. Request to share table with: \_\_\_\_\_)  
**Electricity is not available** • **If you do not have a table please check here:** \_\_\_\_\_

**You will have to provide your own canopy for the festival. We will have some tables available. Bring your own table décor!**

**EXHIBITION:** The exhibit will open 9AM and will close on the same day at 3PM for the day of the event. All of the art must be original and created by the student selling it.

WAMA will provide the tables at the students request.

Works must adhere to general community standards; WAMA reserves full curatorial rights (works cannot contain lewd or rude content.)

**INSURANCE:** All accepted works will be insured while on WAMA premises. Artists should indicate insurance value on the entry form.

**Application Due by October 13, 2023.**

Mail to: Walter Anderson Museum  
Att: Young at Art  
510 Washington Avenue  
Ocean Springs, MS 39564

Email to:  
elizabeth@walterandersonmuseum.org

**DELIVERY OF WORKS:**

**Students are responsible for setting up and breaking down their own booth on the day of the event.** WAMA will not be responsible for collecting artwork or funds associated. Students maintain the right to keep 100% of the profit from the sale of their own work. Students under the age of 15 must be accompanied by an adult.

**REPRODUCTION:** Submission of an entry gives the Walter Anderson Museum of Art the right to reproduce accepted works for promotional and educational purposes.

Please contact the museum at 228.872.3164 or email any of the addresses above if you have questions.

**Parent/Guardian Information:**

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This portion of the Festival is brought to you by the Ocean Springs Chamber of Commerce and the Walter Anderson Museum of Art



Go to [www.peterandersonfestival.com](http://www.peterandersonfestival.com) to fill out form online.