



ASSOCIATION OF
WISCONSIN ARTISTS

STAMP Live and Online Exhibit Registration Form

Artist Name _____ Age _____

Email _____ Alternate Email _____

Street Address _____ City _____ Zip _____

Phone _____ School _____

Art Instructor _____ Instructor's Email _____

Artwork Title _____

Media _____ Size _____ Price _____ Not for Sale _____

I certify that my submitted artwork is original. Copies of other artworks photographs cannot be accepted

Artist Signature _____ Date _____

Parent/Guardian Name _____

Email _____ Alternate Email _____

Street Address _____ City _____ Zip _____

I give my permission for my child to:

Participate in the STAMP Live and Online Exhibit (This permission is for both local and State exhibit if appropriate)

Possibly have child's name and artwork published in the AWA publication, Contour Notes, and/or the WRAP color catalog or on the AWA Facebook Page.

Signature of Parent/Guardian or Participant

(if over age 18) _____ Date _____

To submit your application: Snail mail this form to **Jeanne Ferreira, 9041 Paddington Parkway, Verona WI 53593**, or email to president@wiscartists.org. Questions or comments can be directed to Jeanne via email president@wiscartists.org or phone at **608-334-5063**.