



STAMP Regional 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 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/or 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 if artist is under 18 or Signature of Participant if 18 or older

_____ Date _____

Submit your registration to your Art Teacher/Mentor or Regional Coordinator.

Any questions, contact Jeanne Ferreira, president@wiscartists.org