

## STAMP Online Exhibit Registration Form

Artist's Name		Age
Email	Alternate Email	
Street Address	City	Zip
Phone	School	
Art Instructor	Instructor's Email	

Title of Artwork		
Media	Price	<input type="checkbox"/> Check here if artwork is Not for Sale

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

Signature of Artist

Date

Parent/Guardian Name		
Email	Alternate Email	
Street Address	City	Zip

***I give my permission for my child to:***

- Participate in the STAMP Online Exhibit**
- 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**.