

WRAP ENTRY FORM



Send to Coordinator

Please use online form at wiscartists.org if possible!

Name _____ Phone (____) _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Regional WRAP you are entering: _____ First time attending a WRAP? ___ Yes ___ No

	Artwork 1	Artwork 2	Artwork 3
Title			
Media			
Size *			
Price (or Not for Sale)			

*Size is height x width x depth to the nearest inch without frame

\$30.00 fee enclosed (Make check payable to the SPONSOR of the workshop).

Exhibit Agreement: I agree that I comply with the following terms. I am at least 18 years old, a non-professional artist, and my submission was completed within the last two years. My work is original and not copied; I independently created it. It does not violate anyone else's copyright or trademark.

I release AWA and affiliated entities from responsibility for any loss or damage to my work while it is part of the exhibit or transported to or from the exhibit. I understand if I want insurance to protect my work, that is my sole responsibility. I agree that AWA and affiliated programs or activities may display my work and reproduce information describing my work, representations of my work or related information for purposes of promotion, publicity, or similar activity now or in the future.

Image Use Agreement

I do _____ or do not _____ grant permission to AWA and affiliated sponsors to use images of me while attending the exhibit for promotion, publicity or similar purposes now or in the future..

Signature _____ Date _____

Identification Labels: Cut out or make facsimiles, and attach to back of artwork.



Name	Name	Name
Address	Address	Address
City and Zip	City and Zip	City and Zip
Title	Title	Title