WRAP ENTRY FORM



Send to Coordinator			Please use onl	ine form a	nt wiscartists	org if pos	sible!
Name		Phone (_)	_ Email_			
Address		City	/		State	_Zip	
Regional WRAP you a							
Age (Optional-there	is State Award ava	ailable for artist	ts under 25 yea	rs old)		_	
ENTRIES (Cina haisht	Chile and analysis and the same	at the electrical form	- \				
ENTRIES (Size: height x v Artwork 1		arest inch without fr Artwork 2	ame):	Artwor	k 3		
Title							
Media				-			
Media							
Size							
Price							
(or Not for Sale)							
shipped to or from the ex- liability coverage appl ance coverage, I am resp	licable to the AWA,	coordinator(s), such coverage at	sponsor(s) or v my own cost for t	enue. I u he work(s	nderstand tha) being displa	t if I want yed.	
Signati	ıre			Dat	е	-	
YES — I would like to hechecking in pieces ofchecking in participamaking artwork labetedrefreshments for woexhibit lighting *Did you know you're only Join now! AWA members Identification Labeted	on art drop-off day ants on workshop day els orkshop day ly eligible for cash aw ship applications are a	compute taking plus taking taking plus tak	er skills hotos on workshop of art I State Exhibit, "Stateshop, or printable	ate Day," le from wis	if you are an Accartists.org	AWA meml	
on the exhibit you are en				Ni Linii C	citates per pe	15011 (45)	2
		<u></u>					
Name	Nai	me		Name			
Address	Add	dress		Addres	S		
City and Zip	City	y and Zip		City an	d Zip		
Title	Titl	е		Title			