WRAP ENTRY FORM



Name		Please us	Please use online form at wiscartists.org if possible!			
		Phone ()	Email_			
Address		City		State	Zip	
Regional WRAP	you are entering:_	First ti	me attending	a WRAP? _	YesNo	
ENTRIES (Size: he	eight x width x depth to th	ne nearest inch without frame):				
	Artwork 1	Artwork 2		Artwork 3		
Title						
Media						
Size						
Price (or Not for Sale)						
being displayed.	_	e, I am responsible for obtaining ડા		·		
*Did you know you	ı're only eligible for cas	h awards at the Annual State Exhib are available atthe workshop, or pr	oit, "State Day," l	if you are an A		
		d attach securely to the back of you csimile of entry tags if needed.	ır work. Limit 3	entries per pe	erson (depending	
Name		Name	Name			
Address		Address	Addres	SS		
City and Zip		City and Zip	City an	d Zip		
Title		Title	Title			