

**SCHOOL**

Contact Information:

SCHOOL NAME: \_\_\_\_\_

SCHOOL PHYSICAL ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

STUDENT ARTIST NAME

TITLE (OPTIONAL)

MEDIA

DIMENSIONS (WITH MATT OR MOUNT)

INSURANCE \$

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(continue on reverse / this form may be photocopied and enlarged for your convenience)

**STUDENT**

Art Entry Information: