



Print two copies of this completed form. Include one copy with your art delivery and keep the other for your records.

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Teacher Email: \_\_\_\_\_

Categories:      Portfolio | Drawing | Painting | 2D Other (includes printmaking, mixed media, etc.)  
                         Digital Art & Design | Ceramics & Glass | Sculpture

	Student Name	Artwork Title	Category
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