



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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