

WAJS Entry Form (Fill in text fields using Adobe Reader or Acrobat)

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Daytime Phone: _____ Email: _____

Entry No. 1 (title) _____ Price _____

Medium _____

Entry No. 2 (title) _____ Price _____

Medium _____

Entry No. 3 (title) _____ Price _____

Medium _____

If your work is chosen to appear in the exhibit, complete the following labels then TAPE TO UPPER RIGHT CORNER on the back of the corresponding painting or on the bottom of 3-D work.

Artist's Name _____ _____	Artist's Name _____ _____	Artist's Name _____ _____
Entry No. 1 (Title) _____ _____	Entry No. 2 (Title) _____ _____	Entry No. 3 (Title) _____ _____
Medium _____	Medium _____	Medium _____
Price \$ _____	Price \$ _____	Price \$ _____