

WRAP ENTRY FORM ~ SEND TO COORDINATOR

Did you know that you are eligible for a significantly larger number of awards at the Annual State Art Exhibition & Conference, "State Day," if you are a WRAA member at the time you receive a State Award at a WRAP exhibit (within one week after the workshop date) Are you a WRAA member? If not, we encourage you to join now. WRAA membership applications are available at the workshop, printable from our website www.wraawrap.com or from our membership chair at 608-237-6362.

Name _____ Phone (____) _____

Address _____ e-mail _____

City _____ State _____ Zip _____

Title

Media

Size

Sale price or NFS

Title

Media

Size

Sale price or NFS

(Please make sure exhibit will accept three entries)

Title

Media

Size

Sale price or NFS

_____ **\$20.00 fee enclosed** (Check payable to the SPONSOR of the workshop) "I have read the rules and certify that all my submitted work is ORIGINAL AND COMPLETED WITHIN THE PAST TWO YEARS. I am a NON-PROFESSIONAL ARTIST. I agree to provide the work(s) of art or other material identified above for display in the Wisconsin Regional Art Exhibition. I release the University of Wisconsin Board of Regents (on behalf of the University of Wisconsin-Madison), the Pyle Center, the Wisconsin Regional Artists Association, workshop sponsor(s) and coordinator(s) and the exhibit venue from responsibility for loss, damage, destruction or theft of work(s) while on display and/or while being shipped to or from the exhibition. The displayed works are not and will not be covered under any insurance or liability coverage applicable to the University of Wisconsin or others mentioned above. I understand that if I want insurance coverage, I am responsible for obtaining such coverage at my own cost for the work(s) being displayed.

Signature _____ Date _____

YES--I would like to help the coordinator of this workshop! I am able to help with:

- | | |
|---|---|
| <input type="checkbox"/> checking in pieces on art drop-off day | <input type="checkbox"/> checking in participants on workshop day |
| <input type="checkbox"/> making artwork labels | <input type="checkbox"/> taking photos on workshop day |
| <input type="checkbox"/> hanging art | <input type="checkbox"/> refreshments for workshop day |
| <input type="checkbox"/> exhibit lighting | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> computer skills | |



Identification Labels Cut out and attach securely to the back or base of your work. Limit 3 entries per person. Make facsimile of entry tags if needed. (Coordinators may limit fewer than 3 entries depending on space limitations.)

Name

Address

City/Zip

Title

Name

Address

City/Zip

Title

(Please make sure exhibit will accept three entries)

Name

Address

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Title