ENTRY FORM		
Artist's Name:		
Phone:		
Number of works submitte	d:	
IDENTIFICATION LABEL	for SUBMISSION 1:	
Artist's Name:		
Title of artwork:		
Date (year) of artwork:	Medium:	
Please attach to back of artwor	k	
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Please attach to back of artword and artword and artwork: Date (year) of artwork:	for SUBMISSION 2: Medium:	
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