CONTACT INFORMATION

Name: _____ phone: (_____) _____

Address: _____

City/Town, State: _____ zip: _____

e-mail _____

website _____

☐ Yes, the reception date of **Fri, July 31** works for me! ☐ That date doesn't work. What about this date? _____

INVENTORY

Number of pieces submitted: _____ Date: _____ Exhibit Fee Paid Check No. _____

TO BE FILLED IN BY WOA PERSONEL ONLY

Item #	Return Date	Initials

Artwork Title	Description	Value $

Check-In Signatures: ARTIST: _____ DATE: _____

WOA representative: _____ DATE: _____