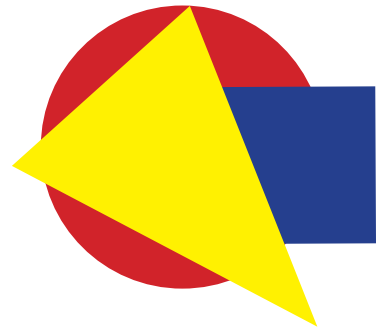


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Wausau, WI 54403-5007
715.845.7010
www.lywam.org
rhausmann@lywam.org



2022 *Student Art Exhibition*

Master List

PLEASE TYPE OR PRINT LEGIBLY

Teacher Name _____

School _____

School Address _____

City, State, Zip Code _____

School Phone _____

E-mail _____

Entry 1

Student's Name _____ Grade _____

School _____

Home Address _____

(Used only for notifying student of exhibition dates.)

City, State, Zip Code _____

Title of Artwork _____

Medium _____

Description of Project _____

(OVER)

Entry 2

Student's Name _____ Grade _____

School _____

Home Address _____

(Used only for notifying student of exhibition dates.)

City, State, Zip Code _____

Title of Artwork _____

Medium _____

Description of Project _____

Entry 3

Student's Name _____ Grade _____

School _____

Home Address _____

(Used only for notifying student of exhibition dates.)

City, State, Zip Code _____

Title of Artwork _____

Medium _____

Description of Project _____

Entry 4

Student's Name _____ Grade _____

School _____

Home Address _____

(Used only for notifying student of exhibition dates.)

City, State, Zip Code _____

Title of Artwork _____

Medium _____

Description of Project _____
