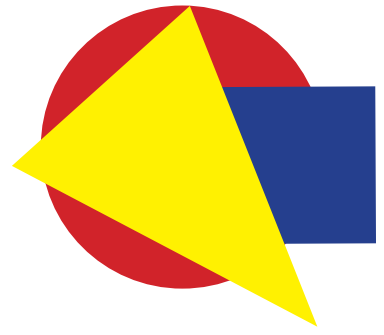


700 North Twelfth Street
Wausau, WI 54403-5007
715.845.7010
www.lywam.org
rhausmann@lywam.org



Student Art Exhibition

Master List

PLEASE TYPE OR PRINT LEGIBLY

Teacher Name _____

School _____

School Address _____

City, State, Zip Code _____

Phone _____

Email _____

Entry 1

Student's Name _____ **Grade** _____

School _____

Student 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 _____

Student 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 _____

Student 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 _____

Student Address _____

(Used only for notifying student of exhibition dates.)

City, State, Zip Code _____

Title of Artwork _____

Medium _____

Description of Project _____
