

For ACGT use only.

Pick up date _____ School _____
Signature _____

PLEASE PRINT

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Age _____

Grade _____

School _____

Phone _____

Instructor _____

E-Mail _____

Phone _____

Art Category _____

Title of Work _____

Framed Dimensions _____

The undersigned exhibits this work at his/her own risk,
releasing all sponsors and ACGT of liability in case of
loss, theft or damage.

Signature _____

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