

_____ (Leave blank) 1 painting
SWA August/September 2017

Artist _____

Address _____

City _____ Zip _____

Phone _____

Medium _____ Price _____

Title _____

(Do not detach lower portions)

SWA August/September 2017

Artist _____

Address _____

City _____ Zip _____

Phone _____

Title _____

Medium _____ Price _____

Email Address _____

Signature _____

SWA# _____ Exp. Date _____

Accepted _____ Not Accepted _____ Award _____

RECEIPT – (Keep this receipt after it is mailed to you) Representation Work

SWA August/September 2017

Artist _____

Title _____

Accepted _____ Not Accepted _____ Award _____

_____ (Leave blank) 1 painting
SWA August/September 2017

Artist _____

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(Do not detach lower portions)

SWA August/September 2017

Artist _____

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Email Address _____

Signature _____

SWA# _____ Exp. Date _____

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Artist _____

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