

SWA September/October 2019

Artist _____
Address _____
City _____ Zip _____
Phone _____

Medium _____ Price _____

Title _____
(Do not detach lower portions)

SWA September/October 2019

Artist _____
Address _____
City _____ Zip _____
Phone _____

Title _____

Medium _____ Price _____

Email Address _____

Signature _____
SWA# _____ Exp. Date _____

Accepted _____ Not Accepted _____ Award _____

RECEIPT - (Keep this receipt when mailed to you)

SWA September/October 2019

Artist _____

Title _____

Accepted _____ Not Accepted _____ Award _____

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Artist _____
Address _____
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