



STUDENT ARTIST CHECK-IN

Please bring this entire page with you to check-in.

Do not attach to artwork.

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

School: _____ Teacher: _____

Grade: _____

Title: _____

Media: _____

Dimensions (W x H x D): _____

*Price: _____ Not For Sale _____

Work picked up: _____