

Dover Public Library Teen Art Show
Submission Form

Print Clearly.

If I can't read it, I'll make something up. Don't make me make something up.

*Attach this form to your artwork and turn in at Dover Public Library (or to your Teacher)
by **Friday, November 29***

Artist's Name: _____
Title of Piece: _____
Medium: _____
Artist's Age: _____
Teacher: _____
If Turning in as a Class
Phone Number: _____
If Turning in Individually

*By submitting work for the Art Show, you agree not to hold the
Library responsible for any lost or damaged pieces.*

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