

**ART ON ELM YOUTH ART EXHIBIT**

submission form please attach to each entry, one entry per student per medium up to 4 medium

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medium \_\_\_\_\_ Title: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ For

Additional Information contact: Doreen Ravenscroft | Tel: 254.723.6830 | Email: [doreen@wacoartsfest.org](mailto:doreen@wacoartsfest.org)

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