

Oswego County Student Art Show  
For back of work

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Phone\_\_\_\_\_

School\_\_\_\_\_

Grade\_\_\_\_\_ Age\_\_\_\_\_

Title\_\_\_\_\_

Category/Media Description

\_\_\_\_\_

Teacher\_\_\_\_\_

I understand the Art Center will not  
be  
responsible for loss or damage to my  
artwork.

Student Signature

\_\_\_\_\_

Adult Signature

\_\_\_\_\_

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