



High School Photography/Altered Images Exhibit

Exhibit Name

October 6, 2017 - November 17, 2017

*Please Print Clearly and Securely Attach to
Outside of Packaging*

TEACHER INFORMATION:

Name: _____

Teacher Email (required): _____

School Name: _____

School District: _____

School Address: _____

School Phone Number: _____

Teacher Phone Number: _____

ARTWORK INFORMATION

Number of 2-Dimensional Works: _____

Number of 3-Dimensional Works: _____

Total Number of Packages: _____

DROP OFF LOCATION: _____

I will pick up my artwork at:

- The State Transportation Building
- The drop-off location listed above