



2 Shot Goose Artist Challenge Form

Artist Information

Name _____

Mailing Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Fax _____

Gallery Information _____

Are you interested in giving an art workshop? _____

Are you interested in the Quick Draw Competition? _____

Please write a brief autobiography and description of your work:

Signature _____

Date _____

Please send photos of your work, for selection purposes. They will be returned to you.

For Office Use Only:

Date Received: _____

Notification of Receipt Mailed: _____

Art Committee Decision: _____

Notification of Decision Mailed: _____