



CONTACT INFORMATION SHEET

Please enclose this form for each category of work submitted.

Category (please circle):

Special Education K-6th 7th & 8th 9th & 10th 11th & 12th

School Name:

School Address:

Principal Name:

Principal Email Address:

Main School Phone Number:

Main School Fax Number:

Art Teacher Name:

Art Teacher Email:

Art Teach Phone Number:

Art Teacher Fax Number:

If you would like us to mail your submissions back after exhibition, please enclose a check payable to **The Southwest Indian Foundation** in the amount that you paid to ship your students' work to us. We will ship submissions to your school address unless otherwise noted.

On the back, please list the name of each submitted piece with the name of the student artist.