

JOHN PAUL REARDON AWARD and MEDAL

DEPARTMENT OF VISUAL ARTS

SUBMISSION FORM

Two forms must be completed for each piece submitted. Post one form next to your piece. The second form is to be handed into the Department Office prior to hanging.

NAME: _____ PHONE: _____ PO BOX: _____ DATE: _____

TITLE: _____

MEDIUM: _____

DIMENSIONS: _____

SPECIAL INSTRUCTIONS (I.E. PEDESTALS) AND/OR COMMENTS: _____

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