

WISCONSIN REGIONAL ART PROGRAM WORKSHOP

WORKSHOP REPORT FORM

City

Date of WRAP Workshop

Workshop Coordinator

Workshop Coordinator phone #

Name of sponsoring art group

Workshop Coordinator e-mail

After your workshop send this to

Leslee Nelson, UW-Madison

Room 7356
21 North Park St.
Madison, WI 53715

E-mail: lnelson@dcs.wisc.edu

Exhibiting Artists

Total # _____

Artist Payment

Amount \$ _____

Juror Payment

Amount \$ _____

Amount sent to WRAP
(check payable to UW-Madison)
(\$15 per exhibiting artist-
from artist #11 up to your total number of artists)

Amount \$ _____

Amount that went to sponsoring art group
((\$5 per artist from #11 up to total)

Amount \$ _____

OVER

Guest Artist Name: _____

Address: _____

Phone: _____ E-mail: _____

Workshop Topic: _____

Your evaluation comments:

Juror Name: _____

Address: _____

Phone: _____ E-mail: _____

Your evaluation comments:

BE SURE TO SEND: (By paper, email or CD)

- All exhibiting artists:
Name and complete address including zip code
(add phone number and e-mail if available)
- State Exhibit winners:
Name (in alphabetical order)
Complete address (including zip code e-mail, and phone number)
Title
Media
- Honorable Mention winners:
Name (in alphabetical order)
Title
Media
- Questionnaires completed by exhibiting artists
- Check payable to UW-Madison

**THANK YOU FOR YOUR PARTICIPATION
AND SUPPORT OF WRAP!**