

**FSVAA ENTRY FORM**

Fill one column for each entry

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email : \_\_\_\_\_

Title: \_\_\_\_\_

Category & No: \_\_\_\_\_

Price: \_\_\_\_\_

Size: \_\_\_\_\_

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**Artwork Tag**

Name : \_\_\_\_\_

Title: \_\_\_\_\_

Category: \_\_\_\_\_

Email : \_\_\_\_\_

Price: \_\_\_\_\_

Size: \_\_\_\_\_

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**Receipt and Claim Check**

Title  
\_\_\_\_\_

\_\_\_\_\_  
Name

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\_\_\_\_\_

\_\_\_\_\_  
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