



**FSVAA
ENTRY FORM**

Fill one column for each entry

Artwork Tag

Name: _____

Phone: _____

Title: _____

Category: _____

Price: _____

FSVAA Label Tag

Name: _____

Address: _____

Phone: _____

E-mail: _____

Title: _____

Category & No: _____

Price: _____



FSVAA Receipt / Claim Check

Name

Artwork Title

Art Pickup Date



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