

East Tennessee Regional Student Art Exhibition Check-In Card

PLEASE PRINT

Teacher's Name: _____

Cell Phone: _____ Email: _____

Home Address: _____ City: _____ Zip: _____

School Name: _____ School System/County: _____

School Address: _____ City: _____ Zip: _____

School Phone: _____ School Email: _____

Please Circle One: Middle School High School

Number of Entries in each grade:

6th. _____ 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th _____

Total: _____ Entries Return: _____

Checked in by _____