



**2017 WISCONSIN CRYSTAL GROWING COMPETITION
ART CONTEST ENTRY FORM**

Fields marked with an * are required

*Date: _____

*School Name: _____

*School Address: _____

*Teacher's First and Last Name: _____

*Teacher's Email: _____

Artwork Title: _____

Team Name: _____

*1st Teammate's First and Last Name: _____

2nd Teammate's First and Last Name: _____

3rd Teammate's First and Last Name: _____

Fill out this form, print it out, and send with your artwork to:

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