| Schoo                                  | l Name (PRINT):  |  |  |  |                                | • 0             |  |
|--|--|--|--|--|--------------------------------|-----------------|--|
|  | l Telephone: ()_   |  |  |  |                                |                 |  |
|  | er Name (PRINT):   |  |  | <b>(</b> -                                       | #REE                           | ngton<br>RIVERS |  |
|  | t Name (if dropped off by po   |  |  |  | AKI +                          | ± 3     V A     |  |
|  | : (of teacher or parent drop   |  |  |  |                                |                 |  |
|  | to contact if award is won:  |  |  |  |                                |                 |  |
|  |  | Pick-Up Form ◆   |  |  |                                |                 |  |
|  | -  | nis form and submit with   |  | -  | up                             |                 |  |
| No.                                    | Print Student LAST Name  | Print Student FIRST  | Grade<br>Name   Level                          | 2D or 3D Artwork                                 | Drop-off<br>Date               | Pick-up<br>Date |  |
|  |  |  |  |  |                                |                 |  |
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|  |  |  |  |  |                                |                 |  |
| less fes<br>picked                     | : Reasonable care will be exercise<br>stival officials and festival voluntee<br>up from 3 to 5 p.m. on Sunday, No<br>te for an alternate person to retriev | ers for any damage to or loss o<br>evember 12, 2017. Teachers or | of Artwork. Festival a<br>Parents unable to pi | ssumes no responsibili<br>ck up Artwork on Sunde | ty for Artwo                   | rk not          |  |
| Signature - person submitting Artwork: |  | Teacher Parent   | Date   | Volunteer who rece                               | olunteer who received Artwork: |                 |  |
| Signa                                  | ture - person picking up Artwork.  | Teacher Parent   | Date Volunteer who returned Artwork:           |  |                                |                 |  |

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