WARD FOUNDATION, SALISBURY UNIVERSITY
909 S. Schumaker Drive, Salisbury, MD 21804 ▪ 410-742-4988 ▪ www.wardmuseum.org

CARVER'S NUMBER

AS

World Registration Form
WILDLIFE SCULPTURE

Last _____ First _____ Initial ____

Address _____ City _____

State/Province _____ Country _____ Zip_____ Phone Number _____

E-mail Address _____

DIVISION AS - SCULPTURE

	Title/Description	Total
AS1.		
AS2.		
AS3.		
AS4.		
AS5.		

I agree that the above entries will not be removed until **after 4 p.m. Sunday**, the end of the show. I certify that all entries submitted by me are in accordance with the published rules and that I absolve The Ward Foundation from any loss or damage to my entries. I agree to allow my entries to be photographed by photographers authorized by The Ward Foundation and to the distribution of such photographs at the Foundation's discretion. **This is your receipt. You must have it visibly in your possession when you remove your entries at 4 p.m. on Sunday. Please do not pack up your entries until after you have been checked at the door.**

*** IRS Form W-9 will be passed out at the hospitality room from noon-2pm on Sunday. It must be completed and given to the accountant prior to receiving monetary award.**

Division	Fee	x Number	= Total
1st entry Sculpture	$ 75.00	(1)	$ 75.00
Additional entries	$ 35.00	( )	$
	TOTAL FEES DUE		$

Cash **Credit Card** **Check #**_____

Signature of Artist / Delivery Person_____ Date_____

NOTE: ALL NON-MEMBERS WILL BE CHARGED A SURCHARGE OF $10 TO ENTER THE COMPETITION.

WHITE COPY–MERCHANT COPY • CANARY COPY–ACCOUNTING COPY • PINK COPY–COMPETITOR COPY