

Spring's Wings Exhibitor Entry Form

Name _____

Address _____

City/State/Zip _____

Telephone numbers _____

Email _____ Website _____

\$50 Exhibitor Fee (returned if not accepted)

Wisconsin Tax Number _____

Social Security Number _____
(SS number required if you do not have a tax number)

Federal ID Number _____

This information is required under sec. 73.08(38), Wis. Stats.

List entries for review by jury

1. Title _____

Size _____ Medium _____

Value _____

2. Title _____

Size _____ Medium _____

Value _____

3. Title _____

Size _____ Medium _____

Value _____

Brief description of your work _____

Return completed form, with entry fee postmarked by March 24, 2008.

Make check payable to **FOWLS**

Mail to:

Mike Reed
Bay Beach Wildlife Sanctuary
1660 East Shore Drive
Green Bay, WI 54302

For information contact Mike Reed 920-391-3683 or email mikere@ci.green-bay.wi.us