

# 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 April 1, 2009.

Make check payable to **FOWLS**

Mail to:

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