

# KOKATHA ART COMPETITION

Full Name:

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Address:

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Email:

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Phone number:

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Please circle your chosen category:

Sculpture

Painting #1

Painting #2

Painting #3

What is the story behind your piece?

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How does it match the theme?

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What materials will you use?

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What is your budget? (materials, labor)

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How long will it take you to make?

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How have you submitted your design? Please circle.

Electronically

In person

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_