WISCONSIN REGIONAL ART PROGRAM WORKSHOP

WORKSHOP REPORT FORM

________________________  ________________________________
Workshop City                Date of WRAP Workshop

________________________  ________________________________
Workshop Coordinator         Workshop Coordinator phone #

________________________  ________________________________
Name of sponsoring art group  Workshop Coordinator e-mail

After your workshop send this to
Liese Pfeifer, Director
Wisconsin Regional Art Program
University of Wisconsin-Madison
21 N. Park St.
Madison, WI 53715-1218
Phone:  608/262-4911
E-mail: liese.pfeifer@wisc.edu

Financials:
First $200 in registration fees to be used to cover the cost of Artist/Juror Fees. This may be the same person.

Total # Exhibiting Artists  x $30 = total amount collected
Minus 8 for groups with fewer than 50 entries  (Sponsoring group keeps $40 of the first $240)
Minus 10 for groups with 50 or more entries  (Sponsoring group keeps $100 of the first $300)

Remaining # of artists = x $5 for amount to Sponsoring Art Group__________ (plus $40 or $100)
Remaining # of artists x $25 for amount to WRAP=__________
(Make check payable to UW-Madison)

Artist Payment             Amount $__________
Juror Payment              Amount $__________
Sponsoring Art Group Amount $__________
($40 or $100 + $5 for each artist)
WRAP (UW-Madison Payment) Amount $__________

OVER
Guest Artist Name: ______________________________________________________

Address: ______________________________________________________________________

Town, state, zip: ______________________________________________________________________

Phone: _______________________  E-mail: _______________________

Workshop Topic: __________________________________________________________

Your evaluation comments:

Juror Name: _______________________________________________________________

Address: ______________________________________________________________________

Town, state, zip: ______________________________________________________________________

Phone: _______________________  E-mail: _______________________

Your evaluation comments:

BE SURE TO SEND: (By paper, FAX, email or CD)

- All exhibiting artists:
  Name and complete address including zip code
  (Please add phone number and e-mail if available)

- State Exhibit winners:
  Name (in alphabetical order)
  Complete address (including zip code e-mail, and phone number)
  Title
  Media

- Honorable Mention winners:
  Name (in alphabetical order)
  Title
  Media

- Check payable to UW-Madison

THANK YOU FOR YOUR PARTICIPATION AND SUPPORT OF WRAP!