

FIBRE WORKS

STUDIO & GALLERY

REGISTRATION FORM

~ Members Show ~

Date _____

First Name _____ Last Name _____

Address _____

City _____ Postal Code _____

Telephone _____ Email _____

Website _____

Media Category _____

Techniques used

Size _____

Item for Sale? Yes Price _____ No

Insurance Value _____

Artist Statement - please attach separately

Return Information Pick up FibreWorks to ship back - COD

I give permission to FibreWorks to use images of this piece for publicity purposes Yes No