



REGISTRATION FORM

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
EMAIL _____
PHONE _____

DESCRIPTION OF ORIGINAL ARTWORK: _____

ENTRY FEE (Adult) \$55 _____ Non-Refundable
ENTRY FEE (Junior) \$7 _____ Name: _____

SPACE # _____ (Requested but not guaranteed)

Amount Enclosed (**check payable to 'LOLA'**) _____

MAIL: ____ ENTRY FEE, ____ REGISTRATION FORM, ____ 3 PHOTOS and
____ SELF-ADDRESSED STAMPED ENVELOPE TO:

LOLA
ART IMPRESSIONS
P O BOX 981, LAND O' LAKES, WI 54540

Questions may be directed to Karen Lenhart at 906-287-1401
or the LOLA Office at (715) 547-3950.