



REGISTRATION FORM

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE _____

DESCRIPTION OF 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 906-358-4473
or the LOLA Office at (715) 547-3950.