

I CUBED – EVENT APPLICATION

Fill, print and mail to: CAC, P.O. BOX 515, Wentzville, MO 63385
or Download blank, Open from computer (not in browser), fill, save and
email to: dmrms878@yahoo.com

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____

Email _____

Are you a member of either of the sponsoring arts councils?

If yes, which one? _____

If no, do you belong to another? Which one? _____

In the entries below: If you are an artist, please give the size of the work and the medium.
If entering more than three pieces, please fill out additional forms.

Submission # 1

Title of work: _____

Media _____ Size _____

Submission # 2

Title of work: _____

Media _____ Size _____

Submission # 3

Title of work: _____

Media _____ Size _____