

## TEEA Cultural Arts Forms for Duplication

Category No. \_\_\_\_\_ Category Name \_\_\_\_\_

Item & Description \_\_\_\_\_

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**(Fold under on dotted line.)**

Name of Exhibitor \_\_\_\_\_

Mailing Address – Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Signatures: \_\_\_\_\_

County Association Chair: \_\_\_\_\_

District Director: \_\_\_\_\_

County \_\_\_\_\_ District \_\_\_\_\_

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