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Title of Artwork: _____

Description of Artwork: _____

Museum/Cultural Center: _____

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ARTSIST ACKNOWLEDGEMENT AND AGREEMENT:

Signature

Date

Printed name of **Artist**

Address

IF UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW:

I hereby warrant that I am the parent or legal guardian of the above-named person and that I have read or have had read to me the foregoing information and agree to be bound by the terms thereof.

Signature

Printed Name of **Parent/Guardian**

Date

Please return a signed copy of this form

by mail:

Museums Alaska

PO Box 756960

Fairbanks, AK 99775

or by email: grants@museumsalaska.org