



CT REGIONAL SCHOLASTIC ART AWARDS INVENTORY

School Name _____ District _____

School Address _____ City _____ Zip _____ School Phone _____

*Teacher Contact _____ Pick-up Person Home Phone _____ Cell Phone _____

*Teacher Email _____ Department Phone _____

Artwork Pickup Person _____ **Cell phone Number** _____

	Student Name	Grade	Category	Title	Description	Teacher Name
1						
2						
3						
4						
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