



KITCHENER-WATERLOO ART GALLERY



Expressions 35

LABEL FORM: return by 4:00pm, Wednesday, February 17

- Please **complete in full** and make a **copy** of this form.
- **Return** one copy to KW|AG via school courier (WCDSB, WRDSB), or regular mail.
- **Keep** your **copy** for labeling student artwork.

This side up

Title of work: _____

Name of artist: _____

School: _____

Grade: _____

Contact Teacher: _____

Teachers Email: _____

Medium: _____
(acrylic on canvas, ink on paper, etc.)

Discipline: _____
(Drawing, printmaking, painting, sculpture, etc.)

Subject Matter/
Theme: _____

Dimensions: _____

Special
Comments: _____

This side up

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