

**TRINITY BUOY WHARF
DRAWING PRIZE** 

Total no. of works: _____

Name: _____

Title: _____

Medium of Work: _____

Year Made: _____

Size in cms (h x w) FRAMED: _____ UNFRAMED: _____

Contact number (mobile): _____

Work Submission and collection details

SUBMISSION: COLLECTION: I would like to collect my work from the following centre

..... (please fill in)

This label MUST be SECURELY attached to the
BACK TOP RIGHT-HAND SIDE of your artwork

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Please fill in labels using BLOCK CAPITALS. Once completed, cut out and attach securely to the back top right-hand side of your artwork.