

## Wisconsin Regional Artists Association State Award Questionnaire

*Anyone (club, group or individual) may create and sponsor an award to be presented at the Annual State Conference held each September, this year at the Pyle Center, UW-Madison.*

Name of Award \_\_\_\_\_

Year first Given \_\_\_\_\_ Amount \_\_\_\_\_ Number of Awards \_\_\_\_\_

Annual Award \_\_\_\_\_ or One Time Only \_\_\_\_\_ (*check one*)

Presentation by \_\_\_\_\_

*(Unless otherwise indicated, the award will be presented by the State Day Master of Ceremonies.)*

Judged by (*name*) \_\_\_\_\_

(*phone*) \_\_\_\_\_ (*email*) \_\_\_\_\_

*(Unless otherwise indicated, the award recipient will be selected by the show judge.)*

Medium or other criteria \_\_\_\_\_

*NOTE: IF YOU WISH TO SPECIFY A MEDIUM OR CRITERIA FOR THE AWARD, WRAA requests that you select the award recipient yourself or allow a WRAA committee to select the recipient.*

*Please complete the "Judged by" section above, or check here \_\_\_ to have a WRAA committee select the award recipient.*

Award Sponsor \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

*Additional remarks (Comments you would like to add about the award, such as the significance of the award, whether it is in memory of someone, background on your club or organization, or any other information that will add to the meaning of the award for the recipient.)*

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*Please mail completed Questionnaire and **check payable to WRAA** to our WRAA treasurer:  
Beverly Larson, 1867 Briarwood Lane, Fitchburg, WI 53575*

*Questions or more info: contact Sally Probasco at (608) 231-3037 or sallyprobasco@gmail.com*