



## Artist's Application

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please tell us a little about your experience as an artist:

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When completed, send your application form and submission to The Trail of Painted Ponies. We regret that we cannot return any submissions. Happy Trails!

**Please o cknall submissions to:**

The Trail of Painted Ponies

PO Box 41517

Phoenix, AZ 85080

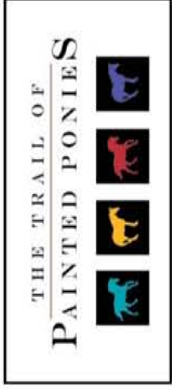


Submission Form  
NEW Turning Pony Front View



Artist Name: \_\_\_\_\_

Title of Pony: \_\_\_\_\_



Submission Form  
NEW Turning Pony Back View



Artist Name: \_\_\_\_\_

Title of Pony: \_\_\_\_\_