

Name:

Address:

City, State, Zip:

Telephone:

E-mail address:

Website:

a) Team or independent (circle one)

b) Glass history/ years experience:

c) Check any all/ cold working equipment you are planning on using, must have prior experience with equipment before flame off day}

-saw----- lap wheel-----

-sandblaster----- lathe-----

d) Check any/all categories you plan to compete in (50 dollar entry fee for each)

-----Functional sculpture -----wearables -----

----mystery box

e) Are you or anyone u know able to volunteer at the event?

f) Please note any scheduling requirements:

g) Is this your first flame off?

h) Do u plan on bringing your artwork or glass for sale?

Please send check or money order with this form completed to:

Rose Chikiar

11371/2 Poquito St. apt b

Austin TX 78702

Thank u

