



Art Identification Form

Please complete in English (if possible) or your native language.

Artist Name: _____ Age: _____ Grade: _____

Title of Work: _____

Date: _____ School: _____

City: _____ Country: _____

Please tell us more about this drawing: _____

Send to: **World Awareness Children's Museum**
89 Warren Street, 2nd Floor, Glens Falls, New York 12801-4509, USA



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