

MARY MOTHER OF ALL NATIONS

Name _____

Control No: _____

Tel. No. _____

Email Address _____

Blessed Mother Submission Name: _____

___ Statue

___ Icon

___ Picture

___ Other (Please describe) _____

Waiver:

I am submitting the above of my own accord. I understand and accept the potential risks that may occur as a result of my submission/s for the above for exhibition (loss, damage, etc.), and will not hold Our Lady of Peace Church, its employees, priests, representatives, volunteers, exhibition workers, etc., responsible.

Signature

Date

-----CUT-----

Name _____

Control No: _____

Blessed Mother Submission Name: _____

___ Statue

___ Icon

___ Picture

___ Other (Please describe) _____

PLEASE RETURN THIS RECEIPT TO RETRIEVE YOUR SUBMISSION AT THE END OF THE EXHIBIT.