

VRA 27 Toronto 2009
VRAffle Contribution Registration Form



Please fill out both the top and bottom of this form.

If you wish to mail items, ship them to:

Eric Schwab
Manager, Visual Resources
Ontario College of Art & Design
100 McCaul Street
Toronto, Ontario M5T1W1

Mark items for the VRAffle with the word VRAFFLE on the package

VRAffle Item Number: _____ (please do not fill out - we will assign this number)

Item: _____ Value: \$ _____

Brief Description:

Contributor/Contributors:

Contact Name:

Contact Address (in full, please): _____

Contact's Email Address:

Tear along this line and put bottom slip on display with the item

VRAffle Item Number: _____ (please do not fill out - we will assign this number)

Item: _____ Value: \$ _____

Brief Description:

Contributor/Contributors:

Contact Name:

Contact Address (in full, please): _____

Contact's Email Address:
