FORM # 5 (Exhibition Tour Schedule)

NORTHERN ONTARIO ART ASSOCIATION			
Date:			
Host Club:			
EXHIBITION TOUR	RSCHEDULE	Page	of
SHIP TO:		Exhibition Dates:	To be Received no later than:
NAME OF CLUB Contact Person: Shipping Address:			
Phone #: E-mail:			
NAME OF CLUB Contact Person: Shipping Address:			
Phone #: E-mail:			
NAME OF CLUB			

Contact Person: Shipping Address:

NAME OF CLUB Contact Person: Shipping Address:

NAME OF CLUB Contact Person: Shipping Address:

Phone #: E-mail:

Phone #: E-mail:

Phone #:
E-mail:

NAME OF CLUB
Contact Person:
Shipping Address:

Phone #:
E-mail:

NAME OF CLUB
Contact Person:
Shipping Address:

Phone #:
E-mail:

Phone #:
E-mail:

When you receive this schedule check immediately with transport company to ensure that the date you

intend to ship to the next club will get it to them by the date indicated.