

# DARRELL GWYNN

## ARTWORK APPROVAL FORM

**NOTE: A COLOR COPY OF ALL RELEVANT ANGLES OF THE PROPOSED PRODUCT MUST ACOMPANY THIS FORM**

Date: \_\_\_\_\_  
Licensee: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Submission Date: \_\_\_\_\_  
Approval Deadline Date: \_\_\_\_\_ Product Release Date: \_\_\_\_\_

Delay in product release if approval deadline exceeded: \_\_\_\_\_  
\_\_\_\_\_

PO/SKU Number \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wholesale: \_\_\_\_\_ Suggested Retail: \_\_\_\_\_

To be completed by Licensor:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Approved
- Resubmit With Changes
- Approved With Changes, No Resubmission
- DISAPPROVED

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return to:  
CMG Worldwide- Attn: Megan Malayter -(317) 570-5000/ fax-(317)570-5500