

SPECIAL OCCASION CARDS ART COMPETITION SCHOOL APPLICATION FORM

APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	
Physical address:		
	P.O. Box:	
City:	Province:	Postal Code:

SCHOOL INFORMATION

School:		
Address:		P.O.Box:
Phone:	E-mail:	
City:	Province:	Postal Code:
School Contact:	Phone:	Ext:

GUARDIAN CONSENT

Name:		Phone:
Relationship to minor:		

PREFERRED CONTACT (please check one) : School Applicant & Guardian

Include a brief summary about your theme of 4 images and why you choose that theme

Read the terms and conditions of the Special Occasion Cards Art Competition at www.kawarthalakesfoodsource.com

THE FOLLOWING DECLARATION MUST BE READ AND ACCEPTED BY THE PARENT OR GUARDIAN:

I certify that the artwork submitted by my child/ward is original and has not been replicated, copied or edited in any manner from another source including stock images. I have read and agree to the terms and conditions specified for this art contest and understand that my child/ward can be disqualified for breaching the terms and conditions of the competition.

Signature of applicant:	Name (print)
Signature of Guardian:	Name: (print)
Signature of Teacher:	Name: (print)

- Please print this sheet
- Fill out the details and submit with your entry.
- Please do not staple or glue this form to your artwork.
- If you are emailing a soft copy, please attach this information in your email.
- We will contact you as per your preference.
- Top five will be notified by January 20, 2018