



ART CONTEST OFFICIAL ENTRY FORM

Please complete the form below and submit with your essay.

Name: _____

School: _____ Grade: _____

Address: _____
Street

City State Zip

Email Address: _____

Parent/Guardian: _____
Name Relationship

Address: _____
Street

City State Zip

Phone: _____
Home Alternate

Email Address: _____

Parental Participation Consent

As parent or guardian, I acknowledge that my child has created the submitted artwork. I agree to allow the artwork to be displayed publicly. I agree to allow my child to be photographed, participate in video and other media platforms as a participant and/or winner and allow such media to be used exclusively by the sponsors of this event. I also understand that if it is discovered my child has not submitted an original work, the art is subject to disqualification. *Initial here:* _____

_____ hereby certify the following:

(Print Name of Parent/Legal Guardian),

1. I am the parent/legal guardian of _____.
2. My child is currently a legal resident of Florida and attends a Florida school or is home schooled.

Parent/ Legal Guardian Signature

Date

Mail completed form and artwork to:

P.O. Box 6912, Tallahassee, FL
32314 ATTN: Art Committee

Or drop-off form and artwork at:

John G. Riley Center/Museum
419 East Jefferson Street, Tallahassee, FL 32310

Must be received by April 5, 2024.

Committee Use Only

Date Artwork Received: _____

Art work Verification: _____

Contestant Number Assigned: _____