

2024 K-12 STUDENT ART CONTEST ENTRY AND RELEASE FORM

STUDENT'S NAME:			GRADE:	
(PLE	EASE PRINT ALL INFORMATIO	ON CLEARLY)		
NAME OF PARENT OR GUARD	AN:			
PARENTS' EMAIL:	.: STUDENT'S EMAIL:			
STUDENT HOME ADDRESS:				
CITY/TOWN:		STATE:	ZIP:	
PARENTS' CONTACT NUMBERS	S:			
HOME:	WORK:	CELI	.i	
SCHOOL NAME:				
SCHOOL ADDRESS & ZIP CODE	:			
SCHOOL'S PHONE:	FAX:			
TEACHER'S (OR HOMESCHOOL	. TEACHER'S) NAME:			
TEACHER'S (OR HOMESCHOOL	. TEACHER'S) E-MAIL:			
TEACHER'S (OR HOMESCHOOL	. TEACHER'S) PHONE NUN	ИBER(S):		
HOME:	WORK:	CELI	::	
TITLE OF ENTRY:				
Originality Certification				
I hereby certify that, to the by the student named abov	•	•	_	
Teacher's or Home School 1	eacher's Signature	Date	2	
Release Form				
I hereby certify that by subi Man" Poster Art Contest, N	•			
I grant MLGW the right to t Contest and use and publisl such photographs of me wi example such purposes as p	h them in print and/or on the contract the c	electronically. I agr and for any lawful	ee that MLGW may use purpose, including for	
Parent's Signature			 Date	