

ART CONTEST ENTRY FORM

Florida Black History Month

“Past Pioneers + Present Role Models = a Brighter Future”

Student Name: _____ County: _____

Name of Entry: _____

Mailing Address: _____

Home Phone No: _____ Age: _____ Grade: _____

Parent Email Address (if available): _____

School Name: _____ School Phone No: _____

Release Statement:

As parent, I acknowledge that my child created the submitted artwork, and has followed all the guidelines and regulation stated above. Should he or she win the art contest, I agree to allow the submitted art to be distributed publicly. I also understand that if it is discovered my child’s artwork is not original, the artwork will be subject to disqualification.

Signature, parent name and contact phone number:

Parent Signature

Parent Name (Print)

Parent Telephone Number