Entry Form

First Name:	Last Name:
Home Phone:	Home E-Mail:
Home Phone: Home Address: City: Grade: School Name : School Phone : School Address: City: () I wish to have my entry returned.	
	Province: Postal Code:
Grade:	Teacher:
School Name :	
	Teacher E-Mail:
School Address:	
City:	Province: Postal code:
() I wish to have my entry returned.	
() It is ok if my art work isn't returned	
For this entry to be eligable, a parent, g and complete and sign the form in the a	quardian or teacher must mark (x) on all of the following boxes areas indicated below.
() I am the parent / guardian / teacher of the student idetified on this form.	
() I verify that the identified work is the published artwork or published photog	e student's original work and is not a duplication of any other raph.
I understand that tis entry will only be	returned if a indicated above.
Name:	() parent () guardian () teacher
Signature:	Date: