



ART COMPETITION ENTRY FORM

COLORS OF COURAGE: A CELEBRATION OF HOPE

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____
(IF DIFFERENT)

EMAIL _____

CELL PHONE _____

PARENT OR GUARDIAN NAMES (IF ARTIST IS UNDER 18 YEARS OLD)

PARENT PHONE (HOME) _____

PARENT PHONE (WORK OR CELL) _____

ART COMPETITION ENTRY

TITLE OF ENTRY _____

MEDIUM _____

DESCRIPTION _____

I have read and understand the contest rules listed on the website. (forresthealth.org/art)

FOR OFFICE USE ONLY

ENTRY NUMBER _____