

STUDENT ART ENTRY FORM

| Art Teacher Name | | | MUST BE COMPLETED BY ART TEACHER | |
|---|---------------------|---|--|-----------------|
| | | | Submit one entry form per school. | |
| School Name or Home School Association | | | Form may be copied if additional rows are | |
| School Address | | | needed. | |
| | | | Turn in form with all submitted artwork to: | |
| Scho | ool City, State, Zi | р | Landers Center, Nissan Entrance 4560 Venture Drive | |
| Teacher Email Address | | | Southaven, MS 38671 Due date: September 22, 9 AM – 6 PM | |
| | | | | |
| Teac | her Cell Phone N | Number | · | ŕ |
| Please type or neatly print all information requested on the form below. If you are an art teacher at multiple schools, submit a separate form for each school. A separate form should also be used for elementary, middle, and high school students. Be sure to also write the student's Name, Grade, and School in the upper right corner on the back of the artwork. Each school may submit two (2) entries per grade level, but only one (1) per student. | | | | |
| | Grade | Student Name | | Office Use Only |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| and ι | understand that (| twork for the students listed above for the M guidelines stated for the contest. | _ | |
| Signa | ature of Art Teac | her | | Date |

