“Darkness Into Life”- Holocaust Art Contest

SUBMISSION FORM

(Please print legibly and clearly)

LAST NAME: __________________________________________________________

FIRST NAME: _________________________________________________________

STREET ADDRESS: _____________________________________________________

CITY, STATE, AND ZIP: ______________________________________________

DAYTIME PHONE NUMBER: ________________________________

EMAIL ADDRESS: _____________________________________________________

ART WORK INFORMATION

TITLE: ______________________________________________________________

MEDIUM: ____________________________________________________________

DIMENSIONS: (height x width x depth in inches) __________________________

WORK AVAILABLE FOR PURCHASE: YES ______ NO ______

I agree to all the terms and conditions of the Shelton State Art Department Call for Entries.

SIGNATURE: _________________________________________________________

DATE: ____________________________

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