

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	
Scho	ool Address		needed.	
			Turn in form with all submitted artwork to:	
Scho	ool City, State, Zi	р	Landers Center, Room 11 4560 Venture Drive	
Teac	her Email Addre	SS	Southaven, MS 38671 Due date: September 16, 9 AM – 6 PM	
Teac	her Cell Phone N	Number	·	,
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 (work for the students listed above for the M guidelines stated for the contest.	_	
Signa	ature of Art Teac	her		Date

