

ART ON THE SQUARE HIGH SCHOOL ART COMPETITION APPLICATION

Send to: George Gasparich 335 Jubaka Drive, Fairview Heights, IL 62208

Due: May 1

PRINT NEATLY ONLY ONE ENTRY PER STUDENT PLEASE READ RULES

Student's Name: _____ Age: _____

Title of Artwork: _____

Media: _____ 2-D: _____ 3-D: _____ Dimensions: H: _____ W: _____ D: _____

School: _____ Teacher: _____

Teacher Phone: _____ Teacher E-mail: _____

School Phone: _____ Student Phone: _____

Student Address: _____ City: _____ Zip: _____

ART INSTRUCTOR AFFIRMATION: I affirm the above student is enrolled as a student at the high school listed. I also affirm this student's artwork to be of sufficient merit to represent his/her high school. I further affirm this artwork represents the student's artistic skill and was executed solely by the student.

My name, likeness and school affiliation may be used by AOS High School Exhibit publications and website for advertising and promotional purposes. **Please initial:** yes _____ or no _____.

Teacher signature: _____ **Date:** _____

STUDENT AFFIRMATION: I affirm I am a full time student at the high school listed above. I also affirm this artwork was executed solely by me.

My name, likeness, artwork, and school affiliation may be used by AOS High School Exhibit publications and website for advertising and promotional purposes. **Please initial:** yes _____ or no _____.
If no, I give permission to use images of my artwork only. **Please initial:** yes _____ or no _____.

Student signature: _____ **Date:** _____

PARENTAL APPROVAL: I give permission for my child to participate in the Art on the Square high school art competition.

Parent signature: _____ **Date:** _____

***** CUT ON LINE *****

<u>TO BE ATTACHED TO THE BACK OF THE ARTWORK BY STUDENT BEFORE DELIVERY</u>	
Student's Name: _____	Media: _____
Title: _____	Size: _____
School: _____	Student Phone No. _____