HOPE & HEALING JURIED ART SHOW AND COMPETITION Information Form and Release

ARTIST INFORMATION (PLEASE TYPE OR I	PRINT CLEARLY IN RLACK OR	RLUE INK ONLV).
FULL NAME:	MINT CEETMET IN BENCK OK	DATE:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
DATE OF BIRTH:	AGE:	GRADE (IF APPLICABLE):
PHONE NO:	EMAIL ADDRESS:	
THORE NO.	EMILI REBRESS.	
ARTIST PARENT/GUARDIAN INFORMATION	N (IF APPLICABLE):	
FULL NAME:		
PHONE NO:	EMAIL ADDRESS:	
SCHOOL/COLLEGE (IF APPLICABLE):	4 B.C. (C.)	CHENCHANE
SCHOOL/COLLEGE NAME: STREET ADDRESS:	ARTIEA	ACHER'S NAME:
CITY:	STATI	E: ZIP CODE:
ARTWORK SUBMISSION (THE "ARTWORK"		
TITLE:		
MEDIUM:		
INSPIRATION (Limit to 100 words; if additional sp	ace is needed, attach on a separate pas	ee):
		·····
I the above identified artist (the "Artist') or on he	half of the Artist by the above ident	ified parent or legal guardian of the Artist, for good and valua
consideration, the sufficiency of which is hereby "Event"), and intending to be legally bound, agree as		
consideration, the sufficiency of which is hereby "Event"), and intending to be legally bound, agree as		
consideration, the sufficiency of which is hereby "Event"), and intending to be legally bound, agree as 1. Artwork Submission. I acknowledge and agree		ote hope and healing by communicating a message of peace, ca
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