



SOROPTIMIST LIVE YOUR DREAM ART CONTEST ENTRY FORM

Please complete this entire form and **staple** or **glue** it to the back of your artwork. Artwork that does not have this entry form attached will be disqualified. **It is important for Soroptimist to have the following information so that we can place your artwork in the right age category, as well as notify you and send your prize if you win.**

Information about student

Name: _____ Age: _____

Address: _____

City/State/Zip Code: _____ Country: _____

Phone: _____ Email: _____

If student is under 18

Name of Parent/Guardian: _____

I give consent allowing the student mentioned above to participate in the Live Your Dream art contest, and if chosen as a finalist, have his/her name, age and artwork featured on the Live Your Dream Facebook page and website. I understand that the artwork becomes the property of Soroptimist and will not be returned, and that Soroptimist reserves the right to use submissions on its website and in its promotional materials.

Signature of Parent/Guardian: _____

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Information about artwork

Please describe your artwork in 50 words or less.