

# ART THE HEALTH DEPT

ENTRY APPLICATION



## REGISTRATION FORM

Name of Art Piece

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Art Type

☐

Digital

☐

Other

I agree to donate my art and have it displayed.

Sign here: \_\_\_\_\_

## PERSONAL INFORMATION

Full Name

:

Grade Level

:

Date Of Birth

:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Full Address

:

E-Mail

:

For youth under the age of 18, please have a parent/guardian sign to consent use of your artwork along with your name.

Parent/guardian \_\_\_\_\_

Thank you for your interest in Art the Health Department. Please note that all art submitted to Grayson County Health Department is a donation and will be displayed in-person and online.

Art the Health Department

Grayson County Health Department

Official Entry Form

#myhealthdepartment



THANK YOU FOR YOUR INTEREST!

2023-2024