

YOUNG ARCHIE ENTRY FORM



1. The artist

First name _____ Last name _____

Date of birth _____ Gender (circle) Male Female

Age category (circle) 5-8 years 9-12 years 13-15 years 16-18 years

Address _____

City/Suburb _____ State _____ Postcode _____

2. School

School name _____

Entry type (circle) This is a personal entry | This is part of a class entry

3. Parent/Guardian

First name _____ Last name _____

Relationship (circle) Parent | Guardian

Phone (day) _____ (evening) _____

Mobile _____ Email _____

4. Artwork

Title _____

Tell us who you have chosen to depict in your portrait and why (less than 100 words)

5. How will the artwork be returned? (Circle)

Do not want it returned | Have enclosed a stamped, self-addressed envelope | Will pickup in person

For the parent or legal guardian

I agree to the participation of my child in the Young Archie competition and to the conditions.

PRINT parent's or guardian's name _____

Signature _____ Date _____