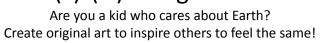


Ar(c)t(ic) Design Contest





APPLICATION AND PERMISSION FORM

Name of Artist:						
Age of Artist:	Grade:					
School:	Teacher's Name:					
City:	r:Country:					
Parent/Guardian's Name:						
Parent/Guardian's Email:						
	Please write clearly. This will be the email used to communicate winners.					
Please sign below if you permit you	ur child's name and a photograph of their submitted art piece to be included in					
	:					
TITLE OF ART:						
Medium (materials used)						
Artist's Statement:						
Tell us how and why you mad	de this piece and what you hope it communicates to other people					
about the High Arctic (not Ar	ntarctica):					

Please return this completed form to:

Ms. Warmouth at Spruce Elementary 17405 Spruce Way Lynnwood, WA 98037 U.S.A.

Write your full name on the BACK of your art piece.

Fill out the label on the following page and attach it to your art piece before turning it in.

Artist's Name:			
Title of Piece:			
Age of Artist:	years	Current Grade Level:	
School/Teacher's Name: _			