

Student Information Form

Artist's Name: _____

Home Address: _____

City: _____ Zip Code: _____

Phone: _____ Grade: _____

High School: _____

Art Teacher: _____

Title of Entry: _____

Medium: _____

Framed Dimensions: _____

I hereby certify that this is my original artwork. It has not been forged in any way, or copied from a publication.

Artist's Signature

Date

Teacher's Signature

Date

Please fax this form to:

Rekha Chandrasekaran
202-225-6887

Or mail to:

Rekha Chandrasekaran
305 West Main Street
Murfreesboro, TN 37130

**** ENTRIES WILL NOT BE RECEIVED AFTER APRIL 10, 2006 ****