Federal Subsistence Management Program
Student Art Contest

Entry Form

(**PLEASE PRINT**)

Grade Group: Check one ___ K-2 ___3-5 ___6-8 ___9-12

Student Name:_____ **Age:** _____
First Last

Home Address: _____

Village/Town/City: _____ **Zip Code:** _____

School: _____

School Address: _____

Village/Town/City: _____ **Zip Code:** _____

Teacher: _____ **School Phone: (907)** _____

Email: _____

☐ Check here if special assistance by the teacher or parent was required for special education, disabled or very young students. Note reason and type of assistance here:

_____

_____

Two signatures are required below. I hereby certify that this is my (my Student's) ORIGINAL WORK and is not a copy of published art or other materials protected by copyright laws. I understand the Office of Subsistence Management is not responsible for loss or damage to my art. By submitting this form, I (Student) grant the right to the Office of Subsistence Management and its' designees to use my art for reproduction or promotional purposes, and to display my art.

Signature of Student: _____ **Date:** _____

Signature of Teacher: _____ **Date:** _____