

School Name (PRINT): _____

School Telephone: (____) _____

Teacher Name (PRINT): _____

Parent Name (if dropped off by parent) (PRINT): _____

Email: (of teacher or parent dropping off Artwork): _____

Who to contact if award is won: _____ Cell Phone: (____) _____



Drop-Off/Pick-Up Form ♦ Student Art Competition

Please complete this form and submit with Student Art that you drop off or pick up

No.	Print Student LAST Name	Print Student FIRST Name	Grade Level	2D or 3D Artwork	Drop-off Date	Pick-up Date

NOTE: Reasonable care will be exercised to ensure safety and security of Artwork. By submitting an entry, entrants agree to hold harmless festival officials and festival volunteers for any damage to or loss of Artwork. Festival assumes no responsibility for Artwork not picked up from 3 to 5 p.m. on Sunday, November 13, 2016. Teachers or Parents unable to pick up Artwork on Sunday afternoon must arrange for an alternate person to retrieve the Artwork during that time line. Festival Telephone: (985) 789-7183

Signature - person submitting Artwork: _____ ___ Teacher Date ___ Parent	Volunteer who received Artwork: _____
Signature - person picking up Artwork: _____ ___ Teacher Date ___ Parent	Volunteer who returned Artwork: _____