

AITC Calendar Art Contest - Official Entry Form
4-6th Grade Only

Submitter Type:
 Parent Teacher

Artist's Name: _____ Grade: _____ Submitter's Name: _____
Email: _____ School Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

By submitting your entry you agree to the conditions of the contest.

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