

**AITC Calendar Art Contest - Official Entry Form
K-3rd Grade Only**

Artist's Name: _____

Grade: _____

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Phone: _____

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

Submitter Type:

Teacher Parent

Submitter's Name: _____

**AITC Calendar Art Contest - Official Entry Form
K-3rd Grade Only**

Artist's Name: _____

Grade: _____

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Phone: _____

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

Submitter Type:

Teacher Parent

Submitter's Name: _____

**AITC Calendar Art Contest - Official Entry Form
K-3rd Grade Only**

Artist's Name: _____

Grade: _____

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Phone: _____

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

Submitter Type:

Teacher Parent

Submitter's Name: _____

**AITC Calendar Art Contest - Official Entry Form
K-3rd Grade Only**

Artist's Name: _____

Grade: _____

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Phone: _____

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

Submitter Type:

Teacher Parent

Submitter's Name: _____

**AITC Calendar Art Contest - Official Entry Form
K-3rd Grade Only**

Artist's Name: _____

Grade: _____

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Phone: _____

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

Submitter Type:

Teacher Parent

Submitter's Name: _____

**AITC Calendar Art Contest - Official Entry Form
K-3rd Grade Only**

Artist's Name: _____

Grade: _____

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Phone: _____

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

Submitter Type:

Teacher Parent

Submitter's Name: _____