

2019 Congressional Art Competition

Student Information & Release Form

PLEASE PRINT CLEARLY. THIS INFORMATION IS USED FOR CERTIFICATES AND AWARDING SCHOLARSHIPS.
INCOMPLETE FORMS WILL NOT BE ACCEPTED.

MEMBER/DISTRICT INFORMATION	
MEMBER OF CONGRESS NAME:	STATE & DISTRICT:

STUDENT INFORMATION		
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		GRADE:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT):		
STUDENT EMAIL:	STUDENT PHONE (CELL):	
PARENT OR GUARDIAN NAME(S):		
PARENT PHONE (HOME):	PARENT PHONE (WORK or CELL):	
PARENT EMAIL:	STUDENT T-SHIRT SIZE:	

SCHOOL		
SCHOOL NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
ART TEACHER NAME:		
ART TEACHER PHONE:	ART TEACHER EMAIL:	

ART COMPETITION ENTRY
TITLE OF ENTRY:
MEDIUM:
DESCRIPTION:
Please include a detailed description of the artwork, clearly identifying the major elements of the piece.
For office use only:
FRAMED DIMENSIONS: Height: _____ inches Width: _____ inches Depth: _____ inches
See official guidelines for framed size and artwork weight restrictions.