

## Children's Art Competition

Please complete all sections clearly in BLOCK CAPITALS and attach form carefully to the back of the painting



Part 1: Child's Details		
Child's full name:	boy/girl	
Please include <u>both</u> details:	<b>School Year:</b>	<b>Date of Birth:</b>
Home Address: <i>(This enables us to contact winners outside of term time and will only be used for this purpose)</i>		
Post Code:		
Home Tel No: <i>(include area code)</i>		
Email address:		
Part 2: School Details		
Name of School:		
Is this a Special School? <i>Please circle answer</i>	YES	NO
School Address: <i>(please include post code)</i>		
School Tel No: <i>(include area code)</i>		
Email address:		
Contact Name: <i>(teacher/other adult)</i>		
Title of Painting: <i>(max. of 7 words)</i>		
Would you like the painting returned? <i>Please circle answer</i> YES      NO		
If yes, I confirm that adequate packaging and correct postage is enclosed.		
I have read and agree to abide by the rules of the Children's Art Competition:		
Signed:	Name:	Date: