

Poster Design Entry Form

Please **PRINT** and **ATTACH** to the back of the design

School Name: _____

Artist Last Name: _____ First Name: _____

Supervising Teacher: _____

Artist Address: _____

City: _____ State: _____ Zip Code: _____

Use the space below to tell us about the artwork that is being submitted.
Please write within the space provided below.

Artist Signature: _____

Artist's Parent/Guardian Signature: _____

Artist's Parent/Guardian Name: _____

Questions?

Contact: Ms. Lorraine Longing (llonging@nyackschools.org)