Teen Creative Arts Competition—Entry Form

NAME: _____

TITLE OF SUBMISSION: _____

CATEGORY (CIRCLE ONE)**:** MIXED MEDIA SHORT STORY
DIGITAL ART DRAWING/PAINTING POETRY/LYRICS

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE NUMBER: _____

E-MAIL ADDRESS (optional)**:** _____

AGE: _____ **BIRTHDATE:** _____

SCHOOL: _____ **CURRENT GRADE:** _____

*This information will only by used by the Freeport Public Library in order to contact you regarding the Teen Creative Arts Competition.

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Date: _____

Staff Initials: _____