



YOUTH ART CONTEST



southsimcoeartscouncil.com
 41 Victoria St E, Alliston
 P.O. Box 313 L9R 1V6
 705-435-2378

Registration Information:

Name:		Age:
Name of Guardian (if under 18 yrs):		
Email:	Home phone:	Cell phone:
Address:	Town	Postal Code
<input type="checkbox"/> I would like to receive regular emails about SSAC activities, workshops and opportunities. <input type="checkbox"/> I would like to become a member of the SSAC. <input type="checkbox"/> I would like to volunteer at the SSAC. <input type="checkbox"/> I would like to donate \$_____ to SSAC. (Charitable receipts will be issued for all donations of \$20 or more.)		

Title (up to 2 pieces for submission)	Medium	Size (max 36"36")	Year created	Price	Entry fee:
					\$10
Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit <input type="checkbox"/> E-transfer				Entry fees:	\$
E-transfer password (please print clearly):				Total:	\$

Applications due May 22, 2019.

Please Include the following with your application:

- Artist's Statement or Bio
- Photographs of your work (maximum 3 jpgs emailed to info@southsimcoeartscouncil.com)

By signing this form, I agree that I have read, acknowledge and will abide by the rules and conditions of the SSAC Youth Art Contest. I give permission for photos to be released for media and SSAC purposes.

Signature of parent or guardian: _____ Date: _____

For office use:	
Form and payment received by:	Date:
Digital image received:	
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Application incomplete <input type="checkbox"/> Not approved	