Pelaware Office of Women's Health Art Contest

Official Entry Form

Entrants Name:		
Address:		
City/State/Zip:		· · · · · · · · · · · · · · · · · · ·
Telephone:	Alt	Phone:
Email:		
Artwork Type: (Circle One)	Essay	2D Artwork
Age Bracket: (Circle One)	Youth (17 and under)	Adult (18 and older)
	Release	
By signing this form, I certify that my submission is my sole property and original artwork. I own all rights to the images of the artwork and have obtained any permission necessary within my piece to submit my artwork. I understand that by signing this form, I authorize the Division of Public Health to use my photograph or essay in any publication or campaign; and that the Department of Health and Social Services may use my photograph or essay for displays, brochures, newsletters, publicity and for whatever other purposes deemed necessary.		
Contestant Signature:		Date:
Parent/Guardian Signature:	(Required if contestan	t is 17 or under)
(Nequired in contestant is 17 of under)		