## MHEA ART CONTEST 2019

Name:					_	
(print)						
Category:	Age 0-8	Age 9-11	Age 12-15	Age 16-18	_	
Addross						
Phone:						
Birth date:						
Amount:	\$ (\$10 per entry-max 2. entries per person)					
	(Make check payable to MHEA)					

Certification:

By singing my name below, I certify that the information provided is accurate and complete to the best of my ability. I certify that the artwork being submitted is the entrant's own creation and not copied from any other source. I agree to abide by the guidelines of this contest and understand that all judgments are final and interpretation of the guidelines is at MHEA's sole discretion. I understand that by submitting my artwork, I am giving MHEA the right to publish my work in future publications.

Artist's signature

Date

Parent/Guardian's signature Date

Contact: Rachel Stoll (rjoyful4Him@yahoo.com) for any further questions