

ENTRY FORM

ATTACH THIS FORM TO YOUR ARTWORK BEFORE SUBMITTING

Artist Name:	Age (5-10):
School/Grade:	
Teacher/Room #:	
Parent/Guardian Name:	
Phone Number:	
Email:	
PARTICIPATION CONSENT & PHOTO/MEDIA RELE	EASE
l grant permission for my child's name, ag recorded. I understand that these materi promotional or informational purposes, i newsletters.	
◯ I DO give permission for photo/med	lia use
○ I DO NOT give permission for photo	o/media use
PARENT/LEGAL GUARDIAN SIGNATURE	
SIGNATURE	DATE

GOT QUESTIONS? WWW.RUNSEALBEACH.COM

OR CONTACT US AT FUNRUN@RUNSEALBEACH.COM