Registration Form

(Please fill out one form for each piece of art submitted)

Participant’s Name ____________________________________________ Age __________

Title of Artwork ______________________________________________

In which category are you registering?  (Please Circle Only One)

2D (Painting, Drawing, Chalk Art, etc.)  3D (Sculpture, Jewelry, etc.)

Short Story  Photography

Tell us a little bit about your artwork and why you love it! (optional)

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Please check to acknowledge:

☐ I understand that my art may be displayed at Del City Library or posted online by Metropolitan Library System. We will contact you beforehand to ask if you wish to remain anonymous.