



2020
STATE YOUTH ART MONTH CONTEST / K-12 STUDENT ART EXHIBIT
SCHOOL PARTICIPATION FORM

School Name: _____

School Telephone number: _____

School Address: _____

Principal Name: _____

Principal Email: _____

1. _____ Number of students enrolled in your school
2. _____ Number of Art Teachers in your school
3. _____ Number of entries submitted to this Contest

Please email this form directly to: artcontest@sargentart.com

***** Tel: 1 (800) 424 – 3596 ***** www.sargentart.com ***** Fax: 1 (570) 459 – 1752 *****