

Childs Full Name
[
Home Address
Telephone Number (parent)
Telephone Number (parent)
Email parent
Date of birth
School year
School year
School name and contact
The Control

Title of Work

Please attach this to the entrants work. The entries must be in typed format, handwritten pieces will be disqualified. By completing this form I confirm this is my own/child's work.

Names or contact details must **not** be entered on the work itself.

If emailing please send to YWentries@artsrichmond.org.uk

For full details and rules please go to www.artsrichmond.org.uk

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