

Artwork Label

Please complete in BLOCK CAPITALS

Theme: **Repurpose your Waste**

NAME:

AGE: **AGE GROUP:**

PARENT/GUARDIAN CONTACT #

PARENT/GUARDIAN EMAIL ADDRESS.....

SCHOOL:

CATEGORY:

Box Truck

Bottle Cap Art

TITLE OF THE ART

.....

DATE:

PARENT/GUARDIAN NAME

.....

PARENT/GUARDIAN SIGNATURE

TO BE COMPLETED IN DUPLICATE.

ONE IS TO BE SUBMITTED TO THE COMPETITION COORDINATOR AND THE OTHER IS TO BE DISPLAYED WITH THE PIECE