



SDCL 2025 Classic Bookmark Art Contest Entry Form

Sponsored by: **ARTS** *Build*

Name: _____

Address: _____

Phone Number: _____ Email: _____

(For entrants under the age of 18)

Age: _____ Grade: _____

School: _____

Teacher: _____

Parent(s) Name: _____

Description of your Classic artwork:

By submitting an entry form and art piece to the SDCL 2025 Classic Bookmark Art Contest, I agree to abide by all rules of the contest.

Signature (Parent/Guardian signature for entrants under 18 years of age)

For questions regarding the contest, please contact Kelly Flemings at 423.800.2367, or via email at founders@kelcurtfoundation.org.