

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Parents: Please put* ***YOUR*** *first and last name on the* ***BACK*** *of this coloring sheet. Also include a way to contact you (email or phone) in the case that your child is selected as the winner.*

***Age Group: 15 – 18 year olds*** *Photo Credit: Supercoloring.com*

*Return to the museum by May 3rd 18 S Janesville Street – PO Box 245 – Milton WI 53563*