## YOUNG ARCHIE ENTRY FORM

1. The artist					
First name	irst nameLast name				
Date of birth	Gender (circle) Male Female				
Age category (circle)	5-8 years	9-12 years	13-15 years	16-18 years	
Address					
City/Suburb		State_		Postcode	
2. School (if applicabl	e)				
School name					
Entry type (circle)	This is a pers	onal entry	This is part of a	class entry	
3. Parent/Guardian					
First nameLast name					
Relationship (circle)	Parent   0	Guardian			
Phone (day)		(eveni	ing)		
Mobile		 Email			
4. Artwork					
Title					
Tell us who you have				ss than 100 words)	
5. How will the artwo	ork be returned	? (Circle)			
Do not want it returne	ed   Have enclo	sed a stamped, s	self-addressed er	velope   Will pickup in person	
For the parent or lega	al guardian				
I agree to the participa	ation of my chil	d in the Young A	rchie competitio	n and to the conditions.	
PRINT parent's or gua	rdian's name				
Signature				Date	