2020
SARGENT ART YOUTH ART MONTH / K-12 STUDENT EXHIBIT
SCHOOL PARTICIPATION FORM

School Name: ____________________________________________________________

School Telephone number: _________________________________________________

School Address: __________________________________________________________

Principal Name: __________________________________________________________

Principal Email: __________________________________________________________

1. _________ Number of students enrolled in your school
2. _________ Number of Art Teachers in your school
3. _________ Number of entries submitted to this Contest

Please email this form directly to: artcontest@sargentart.com

* * * * * Tel: 1 (800) 424 – 3596 ** ** ** ** * www.sargentart.com ** ** ** ** Fax: 1 (570) 459 – 1752 ** ** **