Theme for this year's

ART CONTEST:

What makes you HAPPY ?!

ART CONTEST ENTRY FORM

Name _____

Phone # _____

Title of art piece _____

Age _____ **Home Schooled?** _____

Grade _____ **School** _____

EMAIL (*If available*)

_____

If my child wins an Art Contest prize, I hereby permit a photo of him/her to be used on the website of the Weaver Mountains Health Initiative (WMHI) and in the Yellow Sheet.

_____ _____ _____

Parent /guardian signature Parent /guardian phone # **Date**

ALL ENTRANTS: Please initial the items below, SIGN & Date.

____ I created this original work of art.

____ Weaver Mountains Health Initiative (WMHI) has my permission to display my art at the 2026 Health & Wellness EXPO.

____ I authorize use of my art on the websites of WMHI.

____ If my work is selected as a winning entry, I give my permission for it to be on display at the Yarnell Public Library (separate waiver required.)

_____ _____

Artist Signature Date