

ENTRY FORM

Artist's name: _____ Age: _____

Phone number/email: _____

Address: _____

City/State/Zip: _____

Parent or Guardian's Name: _____

(please print and date)

Parent or Guardian's E-mail address: _____

Photo and Creative Writing Release

Signature, below, releases reprint rights to the Jacksonville Public Library for all creative Works submitted, and give the Library authorization to allow other 3rd parties to reprint creative work in promotion of the Library and library programs. Furthermore, this signature allows the Jacksonville Public Library to reproduce your likeness and/or give permission to other third parties to reproduce your likeness to promote the library and library programs.

Parent or Guardian's Signature: _____

Staff Date Received: _____

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