



ST BARBE MUSEUM + ART GALLERY

Young Artists Open 2024

ENTRY FORM

Artist's Name:	
Contact Address:	
Postcode:	
Contact e-mail:	
Contact telephone number:	
Name of parent or guardian:	
<p>CONSENT OF PARENT/GUARDIAN</p> <p>I have read and understood the Information for Entrants and give permission for the child named above to take part.</p> <p>Name:</p> <p>Relationship to child:</p> <p>Signature: _____ Date: _____</p>	
Title of artwork:	
Medium (pencil, crayon, watercolour etc.):	
Age category (tick one box):	Under 7 <input type="checkbox"/> 7-11 <input type="checkbox"/> 12-17 <input type="checkbox"/>