



SHIFT NC Young Artists Competition

Entry Form

This form must be submitted with your art by September 10, 2015. Please submit this form to efinley@shiftnc.org or mail to Young Artists Competition c/o Elizabeth Finley, SHIFT NC, 3710 University Drive, Suite 310, Durham, NC 27707. Forms may be typed or handwritten (legibly!). Please make sure all required information and signatures are provided.

BASIC INFO

Name:

Age:

Address:

City:

State:

ZIP:

If your address is not a North Carolina address, please explain:

Email:

Phone:

ABOUT YOUR ART

Name/Title of Piece:

Original Medium:

Category (you may select more than one):

- | | |
|--|---|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> HIV/AIDS and STDs | <input type="checkbox"/> Development |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Access to Care |

Please provide a description of your work and how it fits the theme, "How does sexual health affect your world?":

If you are selected the winner, how would you like us to list your name:

MORE ABOUT YOU

Is there anything else you want us to know about you?

Did you learn about this competition through a specific program or person? If so, please share:

CHECKLIST

This checklist is only for your use and planning. I have included:

- My art
- An entry form for each work submitted
- A signed entry agreement
 - With parent signature if participant is under age 18
- If applicable: A model release form