

**2019 Commonwealth of Virginia Campaign (CVC)**

**Poster Contest**

**STUDENT ENTRY FORM**

**A completed entry form must be attached with tape to the**

**back of each submitted artwork.**

***Please Print***

**Student Name** **Age** **Grade**

**Full Address**

**Telephone (****)**

**School**

**School Address**

**School Telephone (****)**

**Principal**

**Teacher**

**[ ] Visual Arts** **[ ]  Classroom** **[ ]  Parent/Guardian**

**Teacher, Parent/Guardian e-mail address (for award notification)**

**Or**

**School Division**

I, , (student name) hereby submit my original artwork to be judged for the **Commonwealth of Virginia Campaign (CVC) Poster Contest**. I understand that no entries will be returned. If my artwork is selected for reproduction, the CVC reserves the right to enhance and/or reproduce the original artwork in order to promote the Commonwealth of Virginia Campaign.

Student Signature Date

Parent or Guardian Signature Date

Parent/Guardian e-mail address (*for award notification*)