

**AITC Calendar Art Contest - 2019 Official Entry Form**  
**4-6th Grade Only**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher or Parent Name: \_\_\_\_\_  
Email: \_\_\_\_\_ School Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Check if submitted by parent.

*By submitting your entry you agree to the conditions of the contest.*

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