



Complete and return this form with artwork to:

Print Submissions - Postal Mail

NYCAMH
c/o Art Contest
1 Atwell Road Cooperstown, NY 13326

OR

Digital Submissions - Email

info@nycamh.org

Student Entry Info

Name: _____ Grade: _____

Phone: _____ Email: _____

Mailing Street Address: _____ Town: _____

State: _____ Zip code: _____ County: _____

Type of entry: Print Digital

Additional Info (if applicable)

Teacher: _____

School District: _____

4-H Club: _____

Release Form (to be completed by a parent/guardian)

I give permission for NYCAMH to display _____'s artwork with their first name, last name, grade, and county as identifiers (Ex: *Sally Smith, 4th grade, Otsego County*).

I give permission for NYCAMH to share and/or publicly display the artwork (or images or scans of the artwork) for safety promotion and contest recognition. By signing below, I accept the above terms.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____