



East Tennessee Regional Student Art Exhibition Entry Form PLEASE FILL IN THE BLANKS, SAVE, PRINT AND ATTACHED (2) COPIES TO THE ARTWORK

NO HANDWRITTEN ENTRY FORMS WILL BE ACCEPTED.

STUDENT INFORMATION		
Student Name:		Grade:
Parents(s)/Guardian Name(s):		
Address:		
City:	County:	State, TN Zip:
E-mail:		
Phone:		_ Cell:
TEACHER/SCHOOL INFORMATIO	N	
Teacher's Name:		Cell:
School's Name:		Phone:
Teacher's E-mail:		
ENTRY INFORMATION (Ple	ease attach the entire form t	o the artwork)
Entry Title:		
Category:		
RELEASE INFORMATION	List all mate	erials
for the <i>East Tennessee Regional Stu</i> Student Art Exhibition Committee v requested. I understand that the K	udent Art Exhibition. I fully und will take reasonable care of end noxville Museum of Art will as	rt and to use it in any promotional materials created derstand that the Knoxville Museum of Art and the tries and that I must reclaim my work by the date sume no liability for lost or damaged work. I also work cannot be picked up until the conclusion of
Parent/Student's Signature		 Date
Teacher's Signature		 Date