

PERSONAL INFORMATION

Name: _____ Male Female
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Parents / Legal Guardians: _____
Address, if different: _____
I have read and fully understand all of the rules of this contest and release the GMF from any liability if my artwork is lost, stolen or damaged.

Signature _____ Date _____

ACADEMIC INFORMATION

High School: _____ Grade: _____
Address: _____
City: _____ State: _____ Zip: _____
School Phone Number: _____
Name of High School Art Teacher: _____
Direct Phone or Email: _____

SUBMISSION INFORMATION

Title: _____ Medium: _____
Dimensions (not including mat): _____

For Office Use Only
DE _____
Entry # _____
Wall # _____

Please drop off or mail entries to:
The Goss-Michael Foundation
Att: Brenda Matamoros
1405 Turtle Creek Blvd
Dallas, Texas 75207

T: 214 696 0555
brenda@gossmichaelfoundation.org