2024 Cooperative CALENDAR of STUDENT ART



SUPERVISING POSITION

ENTRY FORM (A)

Please use this form if the artwork was created at home or within a small group.

To ensure that each entry in the calendar art contest (to be judged in the spring of 2023) is the original work of the student artist whose name appears on the back of each work, *Indiana Connection* requires that this form be signed by each student and, if the student is under 18 years of age, a parent/guardian/teacher/supervising adult. **This form must be included with the artwork submitted for the contest.**

ARTIST INFORMATION			
STUDENT'S NAME		A	AGE GRADE
MAILING ADDRESS			
CITY	ZIP	TELEPHONE NUMI	BER
AGREEMENT OF ORIGINALITY			
Students and teachers/parents/guardians are responsible for entering only original works of art entirely produced by the above named student that have been submitted with this form. (<i>Please see contest rules to read guidelines on originality.</i>)			
I, the above named student, hereby acknowledge and attest the artwork entered in the Cooperative Calendar of Student Art Contest submitted with this form is my sole, original creation and the artwork follows the contest's rules on originality and has not been copied from any previously published photo or artwork.			
STUDENT'S SIGNATURE			
PARENT/GUARDIAN/TEACHER'S SIGNATUR	RE (if student is under 18 ye		
RELATION TO STUDENT	EMAIL	ADDRESS	
Please check box if you receive your electricity from an electric cooperative (REMC/REC). This is for informational purposes only and has no bearing on the contest judging			
2024 <i>Coope</i>	rative	CALENDAR	STUDENT ART
INDIANA IEC INDIANA ELECTRIC COOPERATIVES	NTRY	FORM (B)	Please use this form if the art entries are from a large single group such as a classroom.
To ensure that each entry in the calendar art contest (to be judged in the spring of 2023) is the original work of the student artist whose name appears on the back of each work, <i>Indiana Connection</i> requires that this form be signed by the supervising art instructor(s)/classroom teacher(s). This form must be included with the artwork submitted for the contest.			
SCHOOL/GROUP INFORMATION			
SCHOOL/GROUP NAME			GRADE(S)
MAILING ADDRESS			
CITY	ZIP	TELEPHONE NUM	IBER
AGREEMENT OF ORIGINALITY			
Students and teachers/parents/guardians are responsible for entering only original works of art entirely produced by the above named student that have been submitted with this form. (Please see contest rules to read guidelines on originality.)			
I, the undersigned adult, hereby acknowledge and attest that I have supervised the student artwork submitted with this form for the Cooperative Calendar of Student Art Contest and the submissions follow the contest's rules on originality and has not been copied from any previously published photo or artwork.			
SIGNATURE			

EMAIL ADDRESS