

2025 *Cooperative* CALENDAR of STUDENT ART

INDIANA
CONNECTION



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 2024) 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.**

STUDENT'S NAME AGE GRADE
MAILING ADDRESS
CITY ZIP TELEPHONE NUMBER

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 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 SIGNATURE *(if student is under 18 years old)*

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.

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ENTRY 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 2024) 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 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 NUMBER

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

SUPERVISING POSITION

EMAIL ADDRESS