The National WWII Museum
2010 Student Art Contest

SUBMISSION FORM

A completed form must accompany every submission. Please type or print.

Student Name: _____
First Last

Grade (circle one): 5 6 7 8

School name: _____

School address: _____
Street Address

_____ / _____
City State Zip

School telephone: _____ / _____

Teacher name: _____

Teacher email address: _____

Title of art work (required): _____

Description (maximum 100 words, typed or written):