

CERTIFICATE OF AUTHENTICITY

NAME: _____ DATE: _____

ADDRESS: _____ COUNTY: _____

CITY _____ STATE _____ ZIP _____

STUDENT AGE _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE NUMBER _____ COUNTY _____

SCHOOL CONTACT E-MAIL _____

STUDENT'S GUARDIAN CONTACT PHONE NUMBER: _____

THIS IS TO CERTIFY THAT THIS IS THE ORIGINAL ARTWORK OF:

SIGNED: PARENT TEACHER GUARDIAN (Circle One)

PREVIOUS WINNERS ARE NOT ELIGIBLE TO WIN IN THE SAME AGE CATEGORY

FAILURE TO COMPLETE THIS FORM WILL RESULT IN DISQUALIFICATION