



CREATIVE ARTS DIVISION YOUTH FINE ART GROUPS

SCHOOL OR GROUP NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

CONTACT PERSON NAME _____ **PHONE#:** _____

E-MAIL ADDRESS: _____

Youth- Any Putnam or St. Johns County resident ages 5-17 Category of Art for this page _____

LIMIT OF 3 PIECES PER STUDENT- **Painting, Drawing, Photography, Sculpture, Mixed Media**

	Tag #	DOB*	Name of Entrant	Title/Description of Artwork
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*Date of Birth is required for Judging. No address or phone number required for students. Address and phone is required for the person sponsoring the group. **NO DIGITAL ART**