

## **Crystal Run Healthcare Pediatrics Art Contest**

### **Registration Form**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

***Fill out the Registration Form and attach one copy to the back of the entry.***

Title:	Description of Art:

### **Entry criteria.**

All entries submitted must be original and must have been created and owned exclusively by the entrant submitting the creation. Winner's artwork will be hung in the Pediatrics departments at 100 Crystal Run Road, Middletown as well as posted on social media and the Crystal Run Healthcare website.

I, \_\_\_\_\_ acknowledge that I am the exclusive owner/creator of the photographs submitted to this Contest.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_