

Reception # :

Not necessary to write reception number above.

# The 4th "Koji Kinutani Art Museum Kids Art Competition"

## Entry Form

NAME	First	Last
Address	<input type="checkbox"/> HOME <input type="checkbox"/> School <input type="checkbox"/> Other Please put a check in a box.	
Telephone #		
Date of Birth		
Name of School		Grade
Applying category for	Please circle the below Lower grade elementary school    Upper grade elementary school    Junior High School	
Title of Artwork		

Please mail this entry form with the artwork.



Cut

Please attach this form to the back of the artwork.

Reception #	Not necessary to write reception number.		Category	Please circle the below: Lower Grade Elementary School Upper Grade Elementary School Junior High School
NAME	First Name	Last Name		
Phone #			Grade	
Title of Artwork				

