

YOUTH ARTS CHALLENGE SUBMISSION FORM

D2 Grades 1 to 2 CHILD'S FIRST & LAST NAME CHI	DIVISION D1 Pre-K to K	D3 Grades 3 to 5	D5 Grades 9 to 12	CATEGORY
SCHOOL ADDRESS ALICIA JULIANO PARENT OR GUARDIAN'S FIRST & LAST NAME LOULIAND & GMADIAN'S FIRST & LAST NAME LOULIAND & GMADIAN'S FIRST & LAST NAME LOULIAND & GMADIAN'S CONTACT NUMBER** LOULIAND & GMADIAN'S EMAIL ADDRESS** * Due to confidentiality, the child's last name does not have to be submitted if the child is in foster care or other confidential facilities in Necessary information needed to contact placed submissions. OPTIONAL: Artist, what inspired your submission? REQUIRED: Parent or Guardian Authorization Entries are only valid with signed parent/guardian authorization. I hereby give permission to the Institute on Violence, Abuse, and Trauma (IVAT), in conjunction with the 21st Annual Having International Summit on Preventing, Assessing, and Treating Trauma Across the Lifespan, to use my child's artwork, par violence, abuse and trauma. I understand there will be no financial or other remuneration for the use of my child's artwork hereby release IVAT from, any liability resulting from or connected with, the publication of such work.			Do Oraces 7 10 12	
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Dearent or Guardian's First & Last Name Lawlien & gmal com Parent or Guardian's First & Last Name Lawlien & gmal com Parent or Guardian's Email Address** Due to confidentiality, the child's last name does not have to be submitted if the child is in foster care or other confidential facilities in Necessary information needed to contact placed submissions. OPTIONAL: Artist, what inspired your submission? REQUIRED: Parent or Guardian Authorization Entries are only valid with signed parent/guardian authorization. I hereby give permission to the Institute on Violence, Abuse, and Trauma (IVAT), in conjunction with the 21st Annual Harmational Summit on Preventing, Assessing, and Treating Trauma Across the Lifespan, to use my child's artwork, nar school in advertising this event, and in other publications, as well in connection with any fundraising activities to preven violence, abuse and trauma. I understand there will be no financial or other remuneration for the use of my child's artwork hereby release IVAT from, any liability resulting from or connected with, the publication of such work.	CHILD'S FIRST & LAST NAME*	Saint A	Inthony	
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PARENT OR GUARDIAN'S SIGNATURE	FARENT OR GUARDIAN'S SIGNATURE			
> Send V Discard Attach File & Signature REMINDER: The subject line of your email submission must include "Youth Arts Challenge"	➤ Send ∨ Ü Discard		REMINDER: The subjection must include "Y	ect line of your email outh Arts Challenge" and

To:

Subject:

⊗ krystalb@ivatcenters.org

Youth Arts Challenge

Placed submissions will be notified by February 23, 2024.

your email must include a PDF attachment of your

entry, to avoid your submission being missed.