

MIRRORS 8th ANNUAL
STUDENT
ART & DIGITAL
COMPETITION

Feels like Home




Student Name:

School Name:

Grade/Year Level:

Parent Name:

Home Phone:

Cell Phone:

Other:

Student/Parent Email Address:

Teacher Name:

Phone Number:

Teacher's Email Address:

I, _____, have read, understand and will comply with all submission requirements and important dates as outlined in the Mirrors 8th Annual Student Art & Digital Competition at Masterworks Museum of Bermuda Art.

By signing this document and entering the competition, I grant Mirrors and Masterworks the right to use copies of my work for purposes of promoting Mirrors and future Mirrors sponsored exhibits in electronic and printed materials.

Signature:

Date: