



Entry #

Youth Food Art Design Contest

OFFICIAL REGISTRATION

Age Group:

☐ 2-4

☐ 5-7

☐ 8-10

☐ 11-12

Please Print Plainly

Full Name: _____

Phone #: _____

Title of Entry: _____

By signing this form and submitting an entry into this contest, I agree to the official Oshkosh Public Library (OPL) Youth Food Art Design Contest Rules and to the decisions of the judges. I agree to release OPL of all liability that could result from participating in the contest or the awarding of prizes. I understand that the contest, entries, and all participants may be photographed. I hereby grant OPL permission to use any photographs and/or video for promotional use. I also understand that OPL is not responsible for any loss or damage to an entry.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

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Title of Entry:

Entry #