Art Contest Application

Participant Name	**Date of Birth**
Diagnosis	
Contact Number **1)**	**2)**
Email	
Address	
How did you hear about this event? Newspaper ( ) Center Website ( ) Facebook ( ) Missy USA ( ) Newsletter ( ) Friends ( ) Others	
Are you a Regional Center Client? Yes ( ) If Yes, Which RC? No ( )	
How long have you or your child been interested in painting?	
Application Requirements: **1) Application** **2) Proof of Diagnosis** **3) Art Work (Size: 9"X 12", Landscape)**	
All entries may be used for publicity, promotional items, event or on the internet by KASEC. The first name, age, and city/state will be listed, recognizing the artwork. Entries will not be returned. Submission of artwork and/or this form indicates that you acknowledge the rules and guidelines of this completion.	
Applicant or Parent/Guardian's Name	
Signature	**Date**