

Team Kentucky Inauguration Poster Contest Entry Form

Please print and complete form and attach to back of artwork

ARTIST NAME _____ DATE _____

ADDRESS _____ CITY _____

COUNTY _____ STATE _____ ZIP _____

STUDENT AGE _____ SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE NUMBER _____ COUNTY _____

SCHOOL CONTACT EMAIL _____

I, _____, as a parent/ guardian

of _____ grant the Commonwealth of Kentucky

permission to post the minor artist's photo, artwork, name and school on ky.gov websites as part of the

Team Kentucky poster contest. I also release the information for use in a news release sent to statewide

media outlets, publicly on social media accounts and in state office buildings.

STUDENT'S PARENT/ GUARDIAN PHONE NUMBER

STUDENT'S PARENT/ GUARDIAN SIGNATURE
