

2018 Children & Teen Arts Exhibit
SUBMISSION FORM

Please print clearly

Child's name: _____ Birthdate: _____

Parent's name: _____

Address: Street _____
City _____ Mikud _____

Telephone: _____ Cellphone: _____

E-mail address: _____

Alternate e-mail address: _____

Work #1: Artwork _____ OR Creative writing _____
Title of work (if applicable) _____
Age when work was created: _____

Work # 2: Artwork _____ OR Creative writing _____
Title of work (if applicable) _____
Age when work was created: _____

RETURN OF WORK: Enclosed stamped envelope: YES NO

Will pick up from AACI YES NO

ADDITIONAL INFORMATION FOR ENTRY VIA SCHOOL OR PRIVATE TEACHER:

Name of school: _____ City: _____

Teacher's name: _____

Teacher's telephone: _____

Teacher's e-mail: _____

TEACHER: PLEASE SUBMIT A LIST CONTAINING:

- 1 Names of all children submitting through you.
- 2 Number of pieces per child (1 or 2)
- 3 Plus above form for each entry

THANK YOU FOR YOUR COOPERATION

Supported by the Betsy Sugarman ז"ל Memorial Fund. Dr. Max & Gianna Glassman Family Center

רח' פייר קניג 37 / פועלי צדק 2, תלפיות. Talpiot, 37 Pierre Koenig/2 Poalei Tzedek, Jerusalem

יחולים 91533 Jerusalem תד. P.O.B 53349 פקס: 02-5661186 טל: 02-5661181

EACH ENTRY MUST BE SUBMITTED WITH A NAME ON IT!

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