



FARNEY HALL DRAWING CONTEST

Submission Sheet

Name of Church Pictured in Artwork: _____

A Sentence (or more) about the Church: _____

_____ (can add on if need be!)

Name of Student Artist: _____

Age of Student Artist: _____ (on 3/1/23; 13yo is OK if birthday was during the school year!)

Parent or Guardian Name: _____

Parent or Guardian Email: _____

Parent or Guardian Home Address: _____

*By submitting this form and emailing the files depicting my student artist and his/her artwork, I give my permission for those images to be used during the ZOOM Museum Gala in April 2023 and to be emailed to my church, diocese, school, and art teacher, if information is supplied below.

Church Name (if Anglican) : _____

Email : _____

Church Affiliation (diocese): _____

Diocesan Email : _____

School Name (if Anglican) : _____

School Email : _____

Art Teacher's Name & Email (if student was encouraged by the teacher to participate)

: _____