

ENTRY FORM



Name (surname, first name):

Boy Girl (please circle)

Nationality:

Date of birth / age:

Date of work completion:

Address:

Phone:

E-mail:

Title of artwork:

Medium:

Artist statement (max 100 words)

Name of parent/guardian or teacher:

Date : Signature (if posted by Air Mail):

I hereby certify that this is an original work /creation completed by the named participant(s). I agree that original contributions are not returned. The material may be used in various future planned exhibitions, printed material and research projects. All rights of the material will be given to Faber-Castell, The International Museum of Children's Art and The Red Pencil humanitarian Foundation.

Address for submissions:

The International Museum of Childrens Art

Att.: Dir. Angela Goldin

Lille Frøens vei 4, N-0371 Oslo, NORWAY