



2020  
SARGENT ART YOUTH ART MONTH / K-12 STUDENT EXHIBIT  
SCHOOL PARTICIPATION FORM

School Name: \_\_\_\_\_

School Telephone number: \_\_\_\_\_

School Address: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Email: \_\_\_\_\_

1. \_\_\_\_\_ Number of students enrolled in your school
2. \_\_\_\_\_ Number of Art Teachers in your school
3. \_\_\_\_\_ Number of entries submitted to this Contest

**Please email this form directly to: [artcontest@sargentart.com](mailto:artcontest@sargentart.com)**

\*\*\*\*\* Tel: 1 (800) 424 – 3596 \*\*\*\*\* [www.sargentart.com](http://www.sargentart.com) \*\*\*\*\* Fax: 1 (570) 459 – 1752 \*\*\*\*\*