

ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN'S DAY ART COMPETITION

CATEGORY 2: CONTACT INFORMATION

Age 9 to 18 years old

Artist name:	
Date of birth:	
Parent/guardian name:	
Contact phone number:	
Contact email address:	

Parent/guardian name	
Parent/guardian signature	

Artist's Declaration and Agreement

I declare to Reconciliation South Australia that:

- The work submitted is an original work of the artist named above
- I have read all the conditions of entry and agree to abide by them and declare the information provided by me to be correct
- If I am a winner, I agree that Reconciliation SA and the competition sponsor may use photographs of me and my artwork in promotional media.
- I authorise Reconciliation SA and the competition sponsor to contact me on the above information to discuss any release and reproduce images, for present and future non-commercial promotional purposes.
- Reconciliation SA has the exclusive rights for the use of this entry, if other organisations wish to use this imagery they are required to seek approval from Reconciliation SA prior to its use

Artist name		Date:	
Artist signature		Date:	