Student Information:
Name: ___________________________________________
Grade: ___________________________________________
School:___________________________________________
Parent Name:____________________________________
Contact Email/PhoneNumber: ______________________________

Catagory: Please Circle

PreK           K-2nd Grade           2-5th Grade
5th-8th Grade         9th-12th          Adults

Title of Artwork:
____________________________________________________________________________

Please circle: If selected as a winner, I give permission for the Orton Geological Museum to share my art work in the museum, on social media, and on their website along with my first name and age: YES/NO