

Storm Drain Art Contest

Entry Form

2024 Contest Entry Form

Artwork Title: _____

Artist Name: _____ Age: _____

Parent or Guardian Name: _____

School: _____ Grade: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

I understand that I am submitting an original piece of art and this artwork will become property of Forsyth County Government to be displayed on a public storm drain. My artwork, name and photo may also appear in media releases, and may be used in future promotions for water quality education and awareness.

Artist Signature Date

Parent/Guardian Signature Date