



Phoenix Sister Cities

Name: _____ Date of Birth _____

Address: _____

City* _____ State: _____ Zip _____

Telephone: _____

Email: _____

School: _____ Grade: _____

Teacher: _____

Name of Piece: _____

Description of Piece (size, medium, etc.)

What inspired you to create this artwork?

Date artwork was completed: _____

Signature of Artist _____ Date _____

Signature of Parent/Guardian _____ Date _____

Do you want the piece returned to you following the competition? Yes No
(If yes, please provide a phone number where you can be reached to pick up the piece).

Phone: _____

*If mailing address is not Phoenix, please provide a copy of Phoenix water bill

**All entries are due to Phoenix Sister Cities by Friday, February 24, 2006.