



# 2019 KNDC Entry Form

Grades PreK-8 **MUST** tape this form to the back of each artwork.  
Grades 9-12 **MUST** tape this form to the back of each artwork.

All entries become the property of KNDC and **will not be returned.**

Please “print” clearly and complete all boxes in this form.

**Please circle the student’s grade below.**

**Grade (circle one):** Student with Special Abilities Pre-K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> HS (9<sup>th</sup>-12<sup>th</sup>)

**County your school is in** (i.e. Ward or Burleigh): \_\_\_\_\_

**How many students in your classroom participated in the contest this year?** \_\_\_\_\_

**Photo permission:** I consent to the use of any photographs taken of me at the awards ceremony to be used by KNDC Inc. strictly for promotional use of the contest. I understand all artwork becomes the property of KNDC and will **NOT be returned to the student, parents or school.** Every entry line must be completed.

**Student’s signature:** \_\_\_\_\_ **Parent’s signature:** \_\_\_\_\_

**Print student’s name:** \_\_\_\_\_ **Print parent’s name:** \_\_\_\_\_

**Circle one:** Male or Female

**Date:** \_\_\_\_\_

**Teacher’s signature:** \_\_\_\_\_

**Print teacher’s name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print student’s home mailing address below:**

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

City, State & Zip: \_\_\_\_\_

**Student’s home telephone:**

**Parent’s cell or work telephone or email:**

**Print name of student’s school:**

**School telephone:**

**Print school’s mailing address below:**

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

City, State & Zip: \_\_\_\_\_

**Teacher’s email address at school:**

**Teacher’s cell or work telephone:**

**Grades PreK-8 and Grades 9-12 postmark by **March 15, 2019**, mail to:**

**KNDC ARTWORK CONTEST  
PO BOX 1138  
BISMARCK ND 58502-1138**