

**2020 CONGRESSIONAL ART COMPETITION
OHIO'S FIFTH CONGRESSIONAL DISTRICT
CONGRESSMAN ROBERT E. LATTA
STUDENT INFORMATION FORM**

PLEASE PRINT OR TYPE CLEARLY

STUDENT INFORMATION

MR. / MS. NAME: _____ GRADE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STUDENT EMAIL: _____

TELEPHONE NUMBER: _____

PARENT OR GUARDIAN NAME: _____

SCHOOL INFORMATION

SCHOOL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ART TEACHER NAME: _____

ART TEACHER TELEPHONE NUMBER: _____

ART TEACHER EMAIL: _____

ART COMPETITION ENTRY

TITLE OF ENTRY: _____

MEDIUM: _____

DESCRIPTION: _____

INSPIRATION/MOTIVATION FOR PIECE _____
