

**ATTENTION HIGH SCHOOL
ART STUDENTS:**



**MONMOUTH FESTIVAL OF THE ARTS
ANNUAL STUDENT ART COMPETITION and ART WORKSHOPS**

Date: Sunday, March 4, 2012

Time: 2 pm – 5 pm, checking in at 1:00 p.m.

Location: Monmouth Reform Temple
332 Hance Avenue
Tinton Falls, NJ

FREE STUDENT ART COMPETITION FOR 11TH GRADERS
FREE ART WORKSHOP FOR ALL HIGH SCHOOL STUDENTS

REFRESHMENTS AND **\$100, \$75 AND \$50 PRIZES**

WINNERS DISPLAY THEIR WORK AT THE
MONMOUTH FESTIVAL OF THE ARTS

May 5-9, 2012

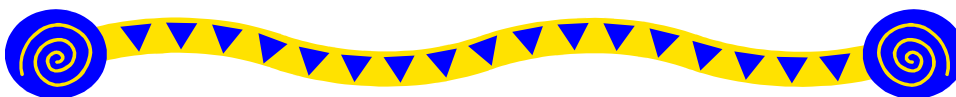


For more information: 732-747-8278 or

festival@monmouthfestivalofthearts.com

Visit our website at: www.monmouthfestivalofthearts.com

PLEASE POST AND ENCOURAGE YOUR STUDENTS TO ATTEND



2012 ANNUAL STUDENT ART WORKSHOP AND ART COMPETITION REGISTRATION FORM

**Sunday, March 4, 2012 2:00 PM - 5:00 PM- check-in at 1:00 p.m.
Register by February 20, 2012**

Teacher's Name _____ Teacher's Fax _____

Teacher's Email _____ Teacher's Phone _____

School Name _____

Teacher Home Address* _____

City _____ State _____ Zip _____

*Complete home address information only if you prefer to receive future mailings at home.

**Please enroll the following student in the Art Competition and/or ART WORKSHOP:
11th graders only. 1 or 2 pieces of artwork per student.
WE ACCEPT WORK IN ALL ART MEDIA.
ALL HANGING WORK MUST BE READY FOR HANGING**

Student Name _____ Student Home Phone _____

Student Address _____ City _____ Zip _____

Student Grade _____ Will student stay for ART WORKSHOPS? _____

Title of Work _____ Medium _____

Title of Work _____ Medium _____

**Please make copies of this form for additional students
and have all pieces ready to be hung or displayed.**

Mail completed form to: Monmouth Festival of the Arts, 332 Hance Ave.,
Tinton Falls, NJ 07724 Attn: Student Art Competition or fax to: 732-747-9770

Any questions call 732-747-8278 or email festival@monmouthfestivalofthearts.com

MONMOUTH FESTIVAL OF THE ARTS
332 HANCE AVENUE
TINTON FALLS, N. J. 07724

ARTISTS WAIVER AND RELEASE

1. I agree to give Monmouth Festival of the Arts the right and permission to use any photos I have submitted or photographic representations of any of my art work that is displayed at the Festival. These representations will be used in connection with publicity for the current or future Festivals.
2. By giving you such a right and permission I thereby waive any and all rights and claims I may have against Monmouth Reform Temple or Monmouth Festival of the Arts, or your successors in interest, now or in the future, arising out of your use of my artwork for such publicity purposes.
3. This permission and waiver is made by me knowingly and voluntarily with the understanding that if I choose not to sign this waiver and release, I will still be an entrant in the Monmouth Festival of the Arts.

WITNESSED _____

ARTIST _____

DATED _____

Print NAME _____

I hereby give my permission to photograph my child for purposes of press releases and/or usage on a website.

Parent/Legal Guardian Signature

Date

Print Name

Name _____

School _____

Title _____

Medium _____

Art Teacher's Name

Name _____

School _____

Title _____

Medium _____

Art Teacher's Name

Name _____

School _____

Title _____

Medium _____

Art Teacher's Name

Name _____

School _____

Title _____

Medium _____

Art Teacher's Name

Name _____

School _____

Title _____

Medium _____

Art Teacher's Name

Name _____

School _____

Title _____

Medium _____

Art Teacher's Name
