

Library Card DESIGN CONTEST!



Entry Form

This information will be used to confirm eligibility and contact winners. Contact information will not be published.

Full Name: _____

Category (check one) 17 years & under: _____ 18 years & over: _____

Parent/Guardian Name (if 17 yrs & under): _____

Address: _____

Phone Number: _____ Email: _____

New Haven Free Public Library Card Number: _____

School (if applicable): _____

Artist's Release

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Artist Name: _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if 17 yrs & under)

