JCI Barbados Green Roots Project

Art Competition

## COMPETITION REGISTRATION FORM

**SUBMISSION DATE:**

**NAME OF STUDENT/S:**

**DATE OF BIRTH OF STUDENT/S:**

**NAME OF SCHOOL:**

**SCHOOL TELEPHONE:**

**EMAIL ADDRESS OF SCHOOL:**

**ART TEACHER/DESIGNATED TEACHER MOBILE:**

**NAME OF THE ART PIECE/S:**

Authenticated by: Approved by:

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Name (Please place in Block Letters) Name (Please place in Block Letters)

Art Teacher/Designated Teacher JCI representative

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Signature Signature

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Date Date