

2020 Texas Mental Health Creative Arts Contest: Entry Form

Artist

First Name:	Last Name:	
Address:	City:	ZIP:
Age Group: <input type="checkbox"/> Elementary School (PK–5) <input type="checkbox"/> Middle School (6–8) <input type="checkbox"/> High School (9–12) <input type="checkbox"/> Adult		
If artist is an adult, please fill the fields below.		
Email:	Primary Phone:	

Parent/Guardian/Case Manager (if applicable)

First Name:	Last Name:	
Address:	City:	ZIP:
Email:	Primary Phone:	
How should we display your entrant’s name if he/she wins: <input type="checkbox"/> Name <input type="checkbox"/> Initials <input type="checkbox"/> Anonymous		

Entry

Title:
Type of Entry: <input type="checkbox"/> Original Artwork <input type="checkbox"/> Writing <input type="checkbox"/> Photography

Release

This section must be signed to have winning work displayed and/or published.

I consent to and understand that ALL entries, once submitted, become the property of the Texas Health and Human Services Commission and Texas System of Care, and may be used for the purpose of promoting awareness of children’s mental health issues.

Signature If artist is a student, a parent/guardian signature below is all that is required.	Date:
Parent/Guardian Signature	Date:

OFFICIAL USE Signature of HHSC Staff:	Date Received:
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