

# Kerr Arts and Cultural Center Youth Art Show

## School Entries Summary

Teacher: *Please fill this form out completely and attach to your entries.*

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
\_\_\_\_\_

Teacher delivering \_\_\_\_\_

Name & email address of person to be notified of award winners

Name \_\_\_\_\_ Email \_\_\_\_\_

Teacher Picking up art at end of show

Name \_\_\_\_\_

Best Contact Info \_\_\_\_\_

Grade Level	Number of 2-D Entries	Number of 3-D Entries

Group Projects	Grade or Group Name	Number of group participants