

SOUTHRIDGE PEDIATRIC DENTISTRY

ART CONTEST

Artists Name:

Artists Age:

Description of the Artwork:

I give Southridge Pediatric Dentistry my consent to display my artwork and on their website, Facebook and Instagram pages.

I do not want my artwork displayed, but I would still like to be in the contest.

***Your child's name will not be displayed unless they are chosen as one of the winners, in which case you will be contacted beforehand.

Signature

Date

Parent/Guardian Signature

Date