## **Registration Period:** 12/9/24 - 1/31/25

Complete this registration form including your parent's signature and submit to <a href="mailto:lwoodson@edgewaterhealth.org">lwoodson@edgewaterhealth.org</a>.





## Speak Up. Reach Out. Shatter The Silence. ART COMPETITION

## REGISTRATION & PARENT AUTHORIZATION FORM

Student Name:			
Address:			
City:	State:	Zip	Code:
Name of High School:			
High School Grade Level	:		
Parent Name Printed:			
Parent's Signature:  Parent's signature permits Edgeward promotions, including social media	ater Health to use the student	's name, photo, and artwork or	photo of artwork in event
Parent Phone Number:		Parent Email:	
			aterhealth.org by the deadline