



# COLOURING CONTEST



Name of child: \_\_\_\_\_

Age of child: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of parent/guardian/teacher: \_\_\_\_\_

School name (if applicable): \_\_\_\_\_

Mailing address of parent/guardian/teacher (where to mail prize, if selected): \_\_\_\_\_

\_\_\_\_\_

Phone number of parent/guardian/teacher: \_\_\_\_\_