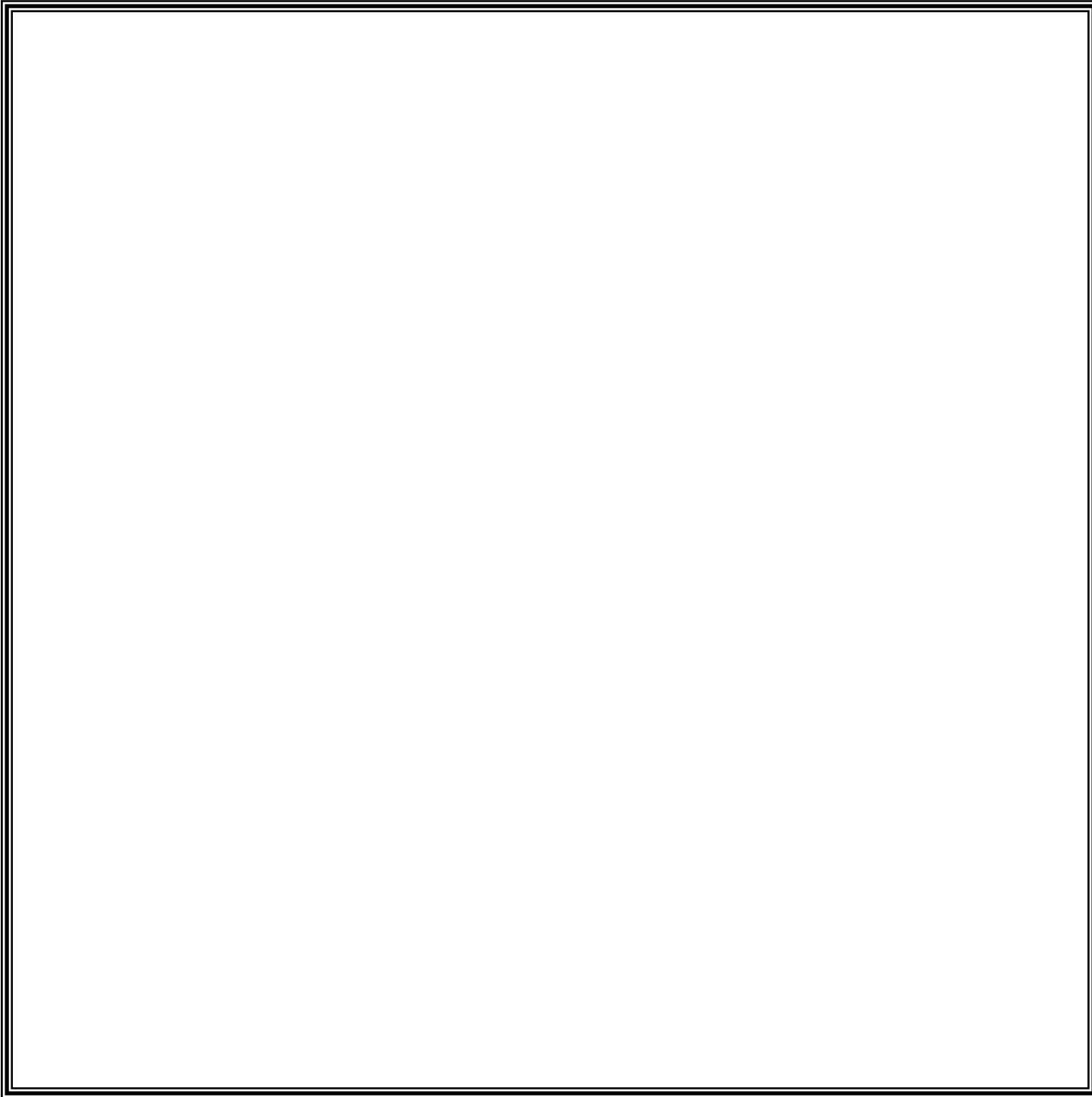


ARTIST NAME: _____ AGE: _____ SCHOOL: _____

I am a resident or attend school within the Fort Collins Growth Management Area



PARENT / GUARDIAN NAME _____ PHONE NUMBER _____

ADDRESS _____ EMAIL _____

IF SUBMITTED BY TEACHER:

TEACHER'S NAME _____ SCHOOL _____ EMAIL _____