



# 2017 International Torrance Legacy Visual Arts Awards

## Application Form

*Please type or print clearly*

### Artist Information

Artist's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip/Postal Code)

Daytime Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### School Information

Grade enrolled during 2016-2017: \_\_\_\_\_ Age: \_\_\_\_\_

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

School Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip/Postal Code)

School's Telephone Number: \_\_\_\_\_

Teacher/Parent Name: \_\_\_\_\_

Teacher/Parent Signature: \_\_\_\_\_

Teacher/Parent Daytime Phone Number: \_\_\_\_\_

Teacher/Parent E-Mail: \_\_\_\_\_

### Art Work Information

Theme of Submission: \_\_\_\_\_

Title of Submission: \_\_\_\_\_

Medium: \_\_\_\_\_