



2018 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 2017-2018: _____ 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: _____



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Parental Consent Form

My signature below indicates that I grant permission for my child to participate in the 2018 Torrance Legacy Visual Arts Awards, that I have read these Terms and Conditions, and I and my child agree to abide by them. My signature below also indicates that I grant CO-SPONSORS the right to use my/my child's submission, royalty free (without compensation), for posting and publication. I certify that the submission submitted is an original creation and is not subject to any copyright restrictions or violations.

Artist's Name: _____
(First) (Middle) (Last)

Artist's Signature: _____
(If 18 years old or above) (Date)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____
(Date)

Please send your complete submission, application, and consent forms to the following address:

Torrance Legacy Visual Arts Awards
C/O The Center for Gifted
1926 Waukegan Rd. Suite 2
Glenview, IL 60025

or email your complete submission, Application, and Parental Consent forms to:

torranceentries@aol.com

Subject: Torrance Legacy Visual Arts Awards

Submissions must be postmarked no later than August 20, 2018.