



Entry Form

* represents required field

Artist first name*	Artist last name*
Age at last birthday*	Phone number*
Email address*	Street address*
City*	
State*	Post code*
Service provider name*	Service provider contact person*
Service provider phone*	Service provider email*
Which category would you like to enter?* Select one only <input type="checkbox"/> People with disability ages 0-12 <input type="checkbox"/> People with disability ages 13-18 <input type="checkbox"/> People with disability ages 19-50 <input type="checkbox"/> People with disability ages 50+ <input type="checkbox"/> Foster care ages 0-12 <input type="checkbox"/> Foster care ages 13-18	Please select your artwork medium* Select one only <input type="checkbox"/> Painting on canvas <input type="checkbox"/> Drawing on canvas <input type="checkbox"/> Collage on canvas <input type="checkbox"/> Photograph on canvas or card
Artwork title*	Description of artwork (optional)



<p>Please select the Challenge office you are sending or delivering your artwork*</p>	<p>I agree certify that this artwork is my own original work and I have provided correct information*</p>
<p><input type="checkbox"/> Tamworth Head Office: 476 Peel Street Tamworth NSW 2340</p> <p><input type="checkbox"/> Newcastle Office: 3/27 Annie Street Wickham NSW 2293</p>	<p><input type="checkbox"/> I agree</p>
<p>I agree to clearly label the back of my artwork with my name and contact number*</p>	<p>I have read and accept the terms and conditions*</p>
<p><input type="checkbox"/> I agree</p>	<p><input type="checkbox"/> I agree</p> <p>Type or sign name* Signed:</p>

Please email a copy of this entry form along with an image of your artwork to:

marketing@challengecommunity.org.au

Ensure your physical artwork is clearly labelled with your name, service provider name and contact phone number.

Thank you for your entry and good luck!

Challenge Marketing Team

02 4918 1413

marketing@challengecommunity.org.au

www.challengecommunity.org.au



CHALLENGE
Community Services

