



## Entry Form – Service providers multiple entries

\* represents required field

<b>Service provider name*</b>	<b>Service provider contact person*</b>
<b>Service provider phone*</b>	<b>Service provider email*</b>
<b>Street address*</b>	<b>City*</b>
<b>State*</b>	<b>Post code*</b>
<b>Please select the Challenge office you are sending or delivering the artworks*</b>	<b>I certify that the artworks entered are the artists' own original work and I have provided correct information*</b>
<input type="checkbox"/> Tamworth Head Office: 476 Peel Street Tamworth NSW 2340 <input type="checkbox"/> Newcastle Office: 3/27 Annie Street Wickham NSW 2293	<input type="checkbox"/> I agree
<b>I agree to clearly label the back all artworks with the artist name, service provider name and contact number*</b>	<b>I have read and accept the terms and conditions*</b>
<input type="checkbox"/> I agree	<input type="checkbox"/> I agree  <b>Type or sign name</b> <b>Signed:</b>



## Artist 1

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

## Artist 2

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

### Artist 3

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

### Artist 4

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

## Artist 5

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

## Artist 6

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

## Artist 7

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

## Artist 8

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

## Artist 9

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

## Artist 10

<b>Artist first name*</b>	<b>Artist last name*</b>
<b>Age at last birthday*</b>	<b>Contact phone number (optional)</b>
<b>Which category would you like to enter?*</b> <i>Select one only</i>	<b>Please select your artwork medium*</b> <i>Select one only</i>
<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	<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
<b>Artwork title*</b>	<b>Description of artwork (optional)</b>

Please email a copy of this entry form along with images of the artworks to:

[marketing@challengecommunity.org.au](mailto:marketing@challengecommunity.org.au)

Ensure all images of artworks are clearly labelled or named as the artist name.

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](mailto:marketing@challengecommunity.org.au)

[www.challengecommunity.org.au](http://www.challengecommunity.org.au)