



2017 YOUTH ART MONTH CELEBRATION
SARGENT ART SCHOOL PARTICIPATION GIFT FORM

School Name: _____

School Telephone number: _____

School Address: _____

Principal Name: _____

Principal Email: _____

1. _____ Number of students enrolled in your school
2. _____ Number of Art Teachers in your school
3. _____ Number of entries submitted to the state YAM Contest 2017

Please email this form directly to artcontest@sargentart.com

T: (800) 424 – 3596 * * * www.shopsargentart.com * * * * www.sargentart.com * * * * <http://sargentartcontest.com> * * * F: (570) 459 - 1752