ECHS 50th ANNIVERSARY ART COMPETITION RELEASE FORM

Student Name:	
Student Address:	
Telephone Number:	Email:
Name of School:	
Art Teacher:	
Art Teacher phone:	Email:
Student Information: As a participant in the ECHS 50 th Anniversary Art Competition, I hereby grant permission for the Eastern Cabarrus Historical Society to use and reproduce my artwork for promotion and/or the display of my artwork on their website as well as	
public news correspondences (newspapers, soci	
Student Signature:	Date:
Parent/Guardian Information: We hereby grant permission for our child's artw Historical Society. We understand that our chil promotion purposes and/or displayed on their correspondences (newspapers, social media, etc.)	d's artwork may be used by ECHS for website as well as public news
Parent/Guardian Signature:	Date:

Eastern Cabarrus Historical Society PO Box 1299 1145 N. College St. Mt. Pleasant, NC 28124 704-436-6612 museum@echsweb.org