



SFPA Art Wall Competition Entry Form

Please fill out this form IN BLOCK CAPITALS and include with your artwork:

Applicant's full name: _____

Date of birth: ___ / ___ / ___

Applicant's email address: _____

School or Youthreach centre name: _____

School or Youthreach centre address:

School or Youthreach centre telephone number: _____

Teacher's name (Leave blank if not enrolled in a school): _____

Principal's or Youthreach coordinator's name: _____

Please include School or Youthreach centre permission stamp in the space provided below