

# PCA Calendar Art Contest Entry Form

Type of Contest:  Photograph       Picture Quote       Drawing

Title of Submission: \_\_\_\_\_

Story of your artwork (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contestant Name(s): \_\_\_\_\_

Member of PCA Community (check all that apply):

Student     Alumni / Class of: \_\_\_\_\_     Teacher     Parent     Staff

Grade (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

By checking the box, I hereby declare that I own all rights to the above-mentioned artwork and give Peoples Christian Academy all rights necessary to reproduce any artwork in the PCA 2019 Calendar and related articles. By entering this contest, I agree with **PCA 2019 Calendar Contest Rules and Regulations** and release PCA from any liability resulting from this contest. In addition, I agree to the use of my name, grade, and artwork in any publicity carried out by PCA, without compensation. Such promotional materials include both internal and external communications, as well as disclosure at public community events. By entering this contest, I provide PCA with a non-exclusive license to publish, display or reproduce any artwork submitted.

Contestant(s') signature(s): \_\_\_\_\_

# Parental Consent Form

## PCA Calendar Art Contest 2019

(Please submit 1 parental consent form for each contestant under 18 years of age)

Contestant's full name: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_

I consent to my child's participation in PCA Calendar Art Contest 2019. I am aware that my child's submission becomes the property of Peoples Christian Academy ('PCA') and may be used as outlined in the official PCA CALENDAR ART CONTEST RULES AND REGULATIONS. I have read and agree to the PCA CALENDAR ART CONTEST RULES AND REGULATIONS. I grant full permission and authority to PCA to use, publish, and display this entry and to acknowledge my child's name on any PCA publications, media, and on school campus.

I have read this Parental Consent Form and understand and accept its terms.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### Parent/ Guardian Contact Information

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send the completed scanned form(s) and artwork(s) to [event@pca.ca](mailto:event@pca.ca)**

If you have questions or concerns, please contact Ms. Yiu at 416.733.2010 Ext. 303 or email to [cyiu@pca.ca](mailto:cyiu@pca.ca)