

← **Tape Here** →

Visual Art Entry Label **Exhibition:** _____
Non Pinellas County Schools Form-All PCS art teachers use online entry form

Please complete (print) all parts both top and bottom and attach the whole form at the top back side of 2/D work. *Do not this form cut apart.*

Student First Name _____ Student Last Name _____

School _____ Grade _____

Title of Art Work _____

Media _____

Art Teacher Full Name _____

Art Teacher Email Address _____

Principal Full Name _____

1 2 3 4

Work Accepted _____ **Yes** _____ **No**

This portion will be cut off for office use-please fill out same as above.

Visual Art Entry Label **Exhibition:** _____
Non Pinellas County Schools Form-All PCS art teachers use online entry form

Student First Name _____ Student Last Name _____

School _____ Grade _____

Title of Art Work _____

Media _____

Art Teacher Full Name _____

Art Teacher Email Address _____

Principal Full Name _____

1 2 3 4

Work Accepted _____ **Yes** _____ **No**