



Woodland Lights Light Sculpture Contest

Name of Artist _____

Address _____

Phone _____

Email _____

Division _____ Youth 12 Years and Under
_____ Youth 13- 19 Years
_____ Adult Over 19 years

Title of Entry: _____

Permission Statement

I give the Washington Township Recreation Center permission to use my name in Press Release Information about the Contest. Yes _____ No _____

Signature

Date

I give Washington Township Recreation Center permission to give my name and phone number to newspaper reporters in the event that I am selected as a winner should they wish to interview me about my entry. Yes _____ No _____

Signature

Date