

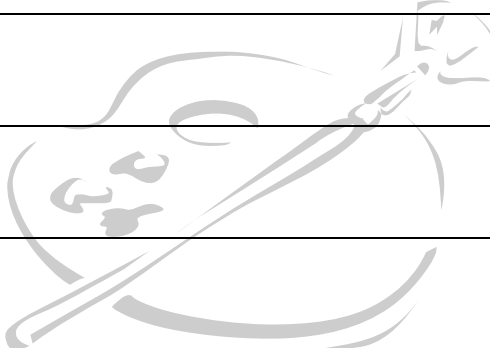


Daly City Youth Health Center

ENTRY FORM

2011 Art Contest: MY CULTURE, MY HEALTH

Artist's Name:	
Age:	
Home Address:	
Phone:	
Email:	
Grade & School (if applicable):	
Title of the Artwork:	



Please give a brief description of the work (How did you create it and what is its message?)

Winning artwork will be displayed in the DCYHC lobby. All artwork will become property of DCYHC. I agree to the contest rules and terms and certify artwork is original.

Artist's signature & Date

Parent's signature (if artist is under 18) & Date

Submit to: DCYHC, 2780 Junipero Serra Blvd, Daly City, CA 94015
By: September 15, 2011, 5pm