



# Georgia DOT Centennial Student Art Challenge

## What Moves You?

Imagining Tomorrow's Transportation

## ENTRY FORM

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

School Grade as of September 30, 2015 (check one)

**K-3**

- ☐ K  
☐ 1  
☐ 2  
☐ 3

**4-6**

- ☐ 4  
☐ 5  
☐ 6

**7-9**

- ☐ 7  
☐ 8  
☐ 9

**10-12**

- ☐ 10  
☐ 11  
☐ 12

\_\_\_\_\_  
Title of Entry

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Main Phone Number

\_\_\_\_\_  
Parent Daytime or Alt. Phone Number

\_\_\_\_\_  
Student Email

\_\_\_\_\_  
Parent Email

Entry will not be returned without a self-addressed stamped envelope.

CHECK HERE IF PROVIDED ☐

**CONSENT AGREEMENT:** I have read, understood, complied with, and will abide by all the rules of the Student Art Challenge, and agree to accept the contest judges' ruling as final and binding. I consent to have my (my child's) entry reproduced in any and all media, and for GDOT to use of the name, image, likeness and other information for promotional materials, publications, electronic media, or Internet distribution.

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**Signature of Entrant**

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**Signature of Parent/Guardian**

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**Date**