

Cultural Services Division

Library Headquarters 787 Broadway Street, Box 3100 Wyoming, ON N0N 1T0 Telephone: 519-845-3324 Toll-free: 1-866-324-6912

Fax: 519-845-0700 www.lclibrary.ca

Book Cover Design Contest Entry Form

All entries into the Book Cover Design Contest must be accompanied by this completed form so that entrants can be contacted if their work is selected as a winner.

| Personal Details | |
|---|--|
| Name of Artist: | |
| Age of Artist: | |
| Name of Artist's Parent or Guardian: | |
| Contact (phone or email): | |
| Art Details | |
| To ensure that the jury has all necessary info | ormation, please provide details about the |
| Book Title: | |
| Art Medium: | |
| Disclaimer | |
| I hereby grant The Corporation of the County assignees, authority to use and display the s Book Cover Design Contest, together with th amount of time and in any manner that the C public display of the submission at the Sarnia Grove: The Art of Picturebooks exhibit at the acknowledge that my submission may be daithe County and may be photographed or digitinancial or other remuneration. | ubmitted book cover design art for the e artist's first and last name, for any ounty deems appropriate, including the Library and/or the CANSCAIP in the Gallery in the Grove. I hereby maged during transport and/or display by |
| I hereby indemnify the County from and agai and liability arising out of or in any way relate thereof. | |
| (Parent or Guardian Signature) | (Date of Signature) |

