

HILL-STEAD MUSEUM

2020 Fresh Voices Poetry Competition Entry Form

STUDENT

Student Name: _____

Home Address: _____

Town/State/Zip: _____

Student phone: () _____ Student E-mail: _____

Grade: ___9___ ___10___ ___11___ ___12___ Age: ___ ___ Gender (preferred pronoun): _____

I certify that the enclosed poems are original works that I have created:

Student Signature: _____ Date: _____

PARENT

Hill-Stead Museum will not release your child's name, photo or image without prior written consent from you as parent or guardian. Please indicate below what level of information you permit us to publish:

___ I/We GRANT permission for this student's photo/image and name to be published on the museum's publications (print and digital) and on our social media platforms.

___ I/We GRANT permission for this student's image only to be published on the museum's publications (print and digital) and on our social media platforms.

___ I/We DO NOT GRANT permission for photo/image that includes this student to be published on the museum's web site.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian phone: _____ E-mail: _____

TEACHER

School Name: _____

School Address: _____

Name of **Sponsoring Teacher**: _____

Telephone: _____ E-mail: _____

I certify that to the best of my knowledge the enclosed poems are the original work of above-mentioned student:

Teacher's Signature

Date