



SIOUXLAND CATHOLIC RADIO'S FIRST EVER ART FESTIVAL

Labels for Student Artwork

Please print legibly. Cut apart & affix to backside of artwork. Duplicate as needed.

Student's Name: _____ Grade: _____

Parent's/Guardian's Names: _____

Parent's/Guardian's Contact Information: _____

Artwork Title: _____ Medium: _____

Parish Name: _____ City: _____

Please circle child's education setting: **Catholic School** **Public School** **Home School**

Name of School: _____

Teacher's/Faith Formation Director's Name: _____

Teacher/Faith Formation Phone and Email: _____

Student's Name: _____ Grade: _____

Parent's/Guardian's Names: _____

Parent's/Guardian's Contact Information: _____

Artwork Title: _____ Medium: _____

Parish Name: _____ City: _____

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