

ICON STUDENT ARTIST REGISTRATION FORM

Name: _____

Name of High School or College: _____

Attending the Convention (yes/no): _____

Mail-In or Carry-In: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

ZIP: _____

Email: _____

Name of Artwork: _____

Description of Artwork: _____

Each Student is allowed to enter one piece of artwork at no cost.

