



2020 YOUTH ART MONTH CELEBRATION  
SARGENT ART SCHOOL PARTICIPATION GIFT FORM

School Name: \_\_\_\_\_

School Telephone number: \_\_\_\_\_

School Address: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Email: \_\_\_\_\_

1. \_\_\_\_\_ Number of students enrolled in your school
2. \_\_\_\_\_ Number of Art Teachers in your school
3. \_\_\_\_\_ Number of entries submitted to the state YAM Contest 2020

**Please email this form directly to [artcontest@sargentart.com](mailto:artcontest@sargentart.com)**

*T: (570) 424 – 3596 \* \* \* \* \* [artcontest@sargentart.com](mailto:artcontest@sargentart.com) \* \* \* \* \* F: (570) 459 - 1752*