



Youth Art Contest Parental Permission Form

Participant Name: _____
Street Address: _____
City: _____
State & Zip: _____

Birth Date: _____
Participant's Primary Phone: _____
Participant's Email: _____

I agree to provide general supervision, help manage the project to ensure it stays on time and on budget, and assist with final submission.

Signature of Parent of Legal Guardian

Printed name of Parent of Guardian

Date

Parent(s)/Guardian(s) Emergency Contact Information

Name(s)

Parent(s)/Guardian(s) Primary Phone Number

Street Address

Parent(s)/Guardian(s) Secondary Phone Number

City State Zip

Parent(s)/Guardian(s) Email Address

Other Emergency Contact Information

Name

Primary Phone Number

Relationship to Participant

Questions? Contact Kyle Pimental, Strafford Regional Planning Commission: 603-994-3500,
kpimental@strafford.org.