Torrance Legacy Visual Arts Awards
2012 Application Form

Author Information

Author's Name: _____
First Middle Last

Address: _____
(Street Address)

_____
(City) (State) (Zip)

Daytime Telephone Number: (_____)_____

E-mail Address: _____

School Information

Grade enrolled in 2011-2012: _____ **Age:**_____

School's Name: _____

School's Address: _____
(Street Address)

_____
(City) (State) (Zip)

School's Telephone Number: _____

Teacher / Parent Name: _____
(Print)

Teacher / Parent Signature: _____
(Signature)

Teacher / Parent Daytime Phone Number: (_____)_____

Teacher / Parent E-mail: _____

Submission Information:

Theme of Submission: _____

Medium:_____