

2024 City of Doral Holiday Card Contest

Entry & Authorization Form

Student's First & Last Name			The winners will receive prizes that	
Age	Grade Level	School Name	<u>may include:</u>	
			Prizes are donated or sponsored by local businesses and may consist of	
Home Address			The winners will be awarded their	
City	State	Zip Code	prize at our Tree Lighting Ceremony on December 6, 2024.	
Parent Contact Number Parent Email Address			_ [

In the space below, please describe or give a title to your artwork.

Please note that all entry and authorization form information must be completed for the student's submission to be considered official.

RELEASE AND PUBLICITY AUTHORIZATION

I,_________ represent that I am the parent/legal guardian of __________, the student submitting artwork with this Release and Publicity Authorization Form. I agree and acknowledge for myself and on behalf of my minor child that the artwork submitted with this Release and Publicity Authorization Form shall, upon receipt, become the sole, absolute and exclusive property of the City of Doral, and hereby waive any and all rights or interests whatsoever in such artwork. I further acknowledge for myself and for my minor child that I have not been promised, shall not claim, and shall not receive any monetary payment whatsoever for participation in this contest, or with respect to the artwork that is submitted herewith. In the event the artwork submitted by the student named above is selected as one of the winning submissions, I hereby grant permission to and authorize the City of Doral to use the following items, for any purpose related to the creation or distribution of the Holiday cards, and/or the publicity of the contest and the winning submissions: (1) the artwork submitted with this Form; (2) any and all information contained on the Entry Form; and, (3) my child's image as it may be captured by a media source publicizing the contest.

Parent/Guardian Signature

Name of Parent/Guardian (please print)

Name of Student Submitting Artwork

REMEMBER

ARTWORK, ENTRY AND AUTHORIZATION FORM MUST BE SUBMITTED TOGETHER IN PERSON

NO LATER THAN 4:00 PM ON MONDAY, DECEMBER 2, 2024.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 305-593-6600 OR E-MAIL: Johanna.Villasmil@cityofdoral.com

Date