
Last Name

First Name

Middle Initial

Residence Address (House Number, Street, City, State, Zip Code)

(_____)_____
Phone Number

Email Address

School Name (if applicable)

Grade (if applicable)

Age

I hereby declare that I have read the Official Rules of the contest. I, and my submitted artwork, meet the guidelines outlined in the Official Rules.

Signature of Designer

Date

Submission Deadline: October 30, 2019 by 5:00 PM

**Please submit this form along with your artwork and Parental Consent Form (if applicable)
by email to Allen Seabaugh, Supervisor of Elections
amseabaugh@capecounty.us**