

Love Your Tree

2018 COLLEGE STUDENT Poster Entry Registration Form

*Be sure to include this *completed* form with your poster submission and make sure your name is clearly written on the back of your poster. *PLEASE DO NOT ATTACH THIS FORM TO YOUR POSTER WITH GLUE OR TAPE.*

Artist Name: _____ Circle One: Fresh / Soph / Junior / Senior / Other

Address: _____
Street address City State Zip

Email: _____ Phone: (____) _____

School/College: _____ County: _____

Campus Organization*: _____
(*If your LYT participation is affiliated with a particular group)

Title of Artwork: _____ Art Media: _____

Artist Statement: (this will be printed with your name and artwork title and displayed with your poster in the community exhibit)

"Like a tree, my body..." _____

The DEADLINE to submit posters is: December 14th, 2018

Please call (410) 427- 3922 or email bgarrold@sheppardpratt.org to make arrangements to submit your posters. They can also be mailed or dropped off to the following address:

Attn: Love Your Tree Campaign
Physicians Pavilion North
6535 North Charles St, Suite 300
Towson, Maryland 21204

"Love Your Tree" Release

By signing below, I confirm that my poster is an original piece of artwork that was designed and created solely by me. I agree to have my poster photographed and displayed on The Center for Eating Disorders' website and social network sites, however, my submission of a poster does not guarantee that it will be displayed on the site or in the exhibit. I fully understand that I will not be compensated for the display, reproduction, or distribution of my poster or for monies received via donations to the Love Your Tree program.

Printed Name

Signature

Date