

# 2018 Love Your Tree Campaign

MIDDLE/HIGH School Poster Entry Registration Form (Grades 6-12)

\*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 (student) Name: \_\_\_\_\_ Grade level: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ County: \_\_\_\_\_

Teacher: \_\_\_\_\_ Teacher email: \_\_\_\_\_

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 14<sup>th</sup>, 2018

Please call (410) 427-3922 or email [bgarrold@sheppardpratt.org](mailto: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

**\* If under 18, you must also have a Parent/Guardian sign here:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date