Youth Art Contest Parental Permission Form

Participant Name: _____ Birth Date: _____

Street Address: _____ Participant's Primary Phone: _____

City: _____ Participant's Email: _____

State & Zip: _____

I give permission for the child named above to submit a design concept for an art installation on the rural portion of the Dover Community Trail. I further give permission for my child, if chosen, to use the necessary resources and materials to implement their vision.

_____ _____ _____

Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date

Parent/Guardian Emergency Contact Information

_____ _____

Name(s) Parent/Guardian Primary Phone Number

_____ _____

Street Address Parent/Guardian Email Address

_____

City State Zip

Questions? Please contact City Planner Erin Bassegio at e.bassegio@dover.nh.gov.