

PROJECT S.N.A.P.
Share • Nurture • Act • Preserve

(248) 799-0805 (Phone)
(248) 539-3830 (Fax)
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Complete entry form and mail artwork to:
Project S.N.A.P.
6689 Orchard Lake Road, Suite 135
West Bloomfield, MI 48322

ARTWORK ENTRY FORM

FIRST _____ LAST _____

GRADE _____ SCHOOL _____

The student and parent or guardian certifies that the artwork submitted is original and not a copy or reproduction. Project S.N.A.P. reserves the right to select and use this submitted artwork in any mural created for Project S.N.A.P. Mosaic Mural programs. In addition, Project S.N.A.P. has the right to change an image size or crop it, in order to make it suitable for use by Project S.N.A.P. The student grants to Project S.N.A.P. the right to use this submitted artwork, without limitation, for any purposes (including commercial applications) that would benefit Project S.N.A.P.

PARENT NAME _____

PARENT SIGNATURE _____

PARENT EMAIL _____

STUDENT EMAIL _____

Project S.N.A.P. respects the privacy of all of its student artists and their parents. Email addresses will only be used to notify Project S.N.A.P. participants and/or their parent/guardian with information related to Project S.N.A.P. Mosaic Mural programs.