

OLYMPICS OF THE VISUAL ARTS REGISTRATION FORM

This Registration Form is to be completed in advance and turned in at the Check-In Table when you arrive at the OVA competition.



SCHOOL DISTRICT: _____
 CONTACT PERSON: _____
 SCHOOL ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

CATEGORY	LEVEL	INDIV SCHOOL NAME	NO. OF STUDENTS
DRAWING	ELEM		
	MIDDLE		
	HIGH		
PAINTING	ELEM		
	MIDDLE		
	HIGH		
ARCHITECTURE	ELEM		
	MIDDLE		
	HIGH		
FASHION DESIGN	ELEM		
	MIDDLE		
	HIGH		
ILLUSTRATION	ELEM		
	MIDDLE		
	HIGH		
SCULPTURE	ELEM		
	MIDDLE		
	HIGH		
PHOTOGRAPHY	ELEM		
	MIDDLE		
	HIGH		
GRAPHIC DESIGN	ELEM		
	MIDDLE		
	HIGH		

TOTAL NUMBER OF STUDENTS REPRESENTED: _____

TOTAL TEAM ENTRIES: ELEMENTARY _____ MIDDLE _____ HIGH SCHOOL _____

OVERALL TOTAL NUMBER OF ENTRIES: _____

ANY SPECIAL ACCOMODATIONS REQUESTED?

Please DESCRIBE YOUR SPECIAL NEEDS:
