**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 |  |  |
| JEWELRY 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: