

Certificate of Authenticity

Name*(Please Print Legibly)

6-7 8-9 10-11 12-13 14-15 16-17

Age Group (age on 12-31-2019)

Date of Birth*

Home Phone Number*

Home Address*

City*

State*

Zip*

School Name*

School Address*

City*

State*

Zip*

Teacher's Name & Email*

School Phone Number*

I/We certify that this is the original and unassisted artwork of:

Name of Entrant (Please Print Legibly)*

Is a resident of : _____

Name of Parish*

Name of Teacher, Parent, or Guardian* (Please Print Legibly)

Teacher, parent, or guardian's signature*

T-Shirt Size of Entrant*: _____

Certificate signed by artist's: Teacher Parent Guardian

Entries must be received by the LADOTD Aviation Section by January 17, 2020.

When affixing this certificate (or a photocopy) to the artwork, make sure it is fastened by tape or gluestick (please affix registration form after artwork is completed). **In addition, please legibly print the name of the artist on the back of the artwork.** Artwork should be sent to LADOTD Aviation Section.

*The artist's date of birth, address, and telephone number are required for contest eligibility. Adult certifiers please make certain these fields are filled out correctly.

***Required Fields**