Certificate of Authenticity

Name*(Please Print Leg	gibly)		
□ 6-7 □ 8-9 □] 10-11	12-13 🔲 14-	-15 🗌 16-17
Age C	Group (age o	on 12-31-2019)	
Date of Birth*		Home Phone Number*	
Home Address*			
City*	Sta	ite*	Zip*
•			1
School Name*			
School Address*			
City*		State*	Zip*
,			
Teacher's Name & Email*	•		
2000000 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
School Phone Number*			
I/We certify that this is	the original	l and unassisted	artwork of:
17 The certify that this is	ine original	tunu unussisieu (urtwork oj.
Name of Entrant (Please Pr	rint Legibly);	*	
	init Legioty)		
Is a resident of: Name of F	Parish*		
rume or r	di isii		
Name of Teacher, Parent, o	or Guardian*	(Please Print Leoil	-lv)
Traine of Teacher, Tarent,	or Guaranan	(i rease i init Legit	,,,
Teacher, parent, or guardia	n's signature	*	
T-Shirt Size of Entrant*:			
1-Shift Size of Entrant .			
C4:64:	.:_4? 🖂	T1	
Certificate signed by art	ist s:	Teacher Pare	ni 🔝 Guardian
Entries must be received	ed by the L	ADOTD Aviation	on Section by
January 10, 2022.			
When offiving this certified	ate (or a phot	ocony) to the orty	ork maka sura it

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.

*Required Fields

^{*}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.