

CHILD'S FULL NAME: AGE: GRADE:	
PARENT/GUARDIAN NAME: CONTACT (Email):	OF MONTGO
 □ I certify that this is my child's original work. □ I give permission for my child's artwork to be displayed and shared publicly. 	TO THE PRINTS DAST, A GLOWNED LESS
SIGNATURE (Parent/Guardian): DATE:	TG DAST, A GLOWITH