



Skip Lou

Name _____ Phone # _____

Email _____

Age Group (Please check one)

Birth – 5 6 – 12 13 – 18 19 – 50 51 and above

Please check for consent:

I give permission for my artwork and name to be displayed and/or posted with the media, such as facebook, the pennysaver, etc..

Please submit by Friday, Nov. 20th to Eden Town Hall.