Holocaust Memorial Resource and Education Center of Florida
Yom HaShoah Student Creative Arts Contest entry form

Name: ____________________________________________

Street Address: _________________________________

City, State, Zip Code: _______________________________

Phone number (ten digits): __________________________

E-mail address: __________________________________

School: _________________________________________

Date of Entry: ________________________________ Grade Level: ______

Entry category (circle one of the choices listed below)

Art	Poetry	Creative Writing	Essay

Digital Media	Research Paper (High School only)

Teacher: _________________________________________

Principal: _________________________________________

Title of: _________________________________________

Please print neatly so that prize notification and certificates will be done correctly