



Registration form

Group 1
5 to 8 yrs

Group 2
9 to 12 yrs

FULL NAME: _____

PARENTS NAME: _____

AGE: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

THE NAME OF MY SCHOOL IS : _____

MY SCHOOL'S TELEPHONE NUMBER IS: _____

MY SCHOOL'S EMAIL IS: _____

TITLE OF MY DRAWING : _____

DESCRIPTION OF MY DRAWING (this description will be included in the exhibition card)

Entry Deadline: October 18, 2024

E-mail your drawing to:

info@dayofthedeadfestival.ca

www.dayofthedeadfestival.ca

