



**Children's Hospital
of Wisconsin®**

A member of Children's Hospital and Health System.

HOLIDAY ARTWORK CONTEST

To celebrate the holiday season, Children's Hospital of Wisconsin is asking kids ages 3 to 18 to draw their favorite holiday scenes.

Entering the art contest is easy! Fill in the information below and create your own artwork on the back of this form. There even is space for you to tell us what the holidays mean to you.

Artwork submitted will be judged by a panel of artists and Children's Hospital of Wisconsin staff. Four winners will be chosen based on originality, creativity and age group. Each winner will receive a \$100 gift certificate and the opportunity to have his or her artwork featured on 2010 Children's Hospital merchandise!

Mail your artwork and form in a 9 x 11" envelope. Please don't fold your art!

Children's Hospital of Wisconsin
Holiday Artwork Contest
MS 956, PO Box 1997
Milwaukee, WI 53201-1997

Entries must be postmarked by Friday, Jan. 15, 2010, and will not be returned.

Child's name _____

Child's birth date _____ Boy Girl

Name of parent/guardian _____

Mailing address _____

City _____ State _____ ZIP _____

E-mail address: _____

Daytime phone (_____) _____ Evening phone (_____) _____

I, the undersigned parent/guardian, give Children's Hospital of Wisconsin, Inc. and its affiliates permission to use my child's artwork submitted to the Children's Hospital of Wisconsin Holiday Artwork Contest in displays, exhibits, publications, promotional and marketing materials, television, Web sites and all other media and formats free of charge and without limitation or further consent. I hereby assign all rights in and to my child's artwork to Children's Hospital of Wisconsin and its affiliates. I further grant permission to Children's Hospital of Wisconsin and its affiliates and agents to use my child's name and likeness in advertising, publicity, exhibit and other media. I warrant that the artwork entered by my child is his or her original work and is not based upon any other publicly available artwork. I acknowledge and agree that whether or not my child's artwork wins a prize, it will become the property of Children's Hospital of Wisconsin and its affiliates and will not be returned.

Parent/guardian signature _____ Date _____

