



**headspace Elsternwick Art Competition - Entry Form**

*Please print this form and bring it in with your piece*

Name:

Address:

Contact number:

Email Address:

Age Category: (Please tick)

12 -15 years       16 – 18 years       19 -25 years

Would you like your artwork to remain in headspace Elsternwick should you win your category?       Yes       No

Artwork title: (optional) \_\_\_\_\_

Artist's statement: (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign below to acknowledge you have read the Terms and Conditions of entry. For a copy of the Terms and Conditions refer to the headspace website (<http://www.headspace.org.au/southernmelbourne>) or the headspace Elsternwick Facebook page (<https://www.facebook.com/headspaceElsternwick>).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*Office use only*  
Entry number: