



ARTSWEST 2010 SLAM POETRY REGISTRATION FORM
3300 State St. Bldg. M, Eagle Idaho 83616

FULL NAME _____

GRADE AND AGE _____

SCHOOL YOU ATTEND _____

E-mail: _____

Phone _____

How did you find out about this event? _____

Parent Name _____

Parent Signature _____

I hereby give consent for my child to participate in the Slam Poetry contest on the ArtsWest Campus on March 20th, 2010.

Please do NOT send cash. Enclose this form with a check for \$5 made payable to ArtsWest School. Also enclose your **two** poems for submission to the contest in the same envelope and send it to the above address. If there are any content issues we will notify you for editing/revision procedures. **SUBMISSIONS MUST BE TYPED.**

For Office Use Only:

Paid: Check#