MIAMI

Latino Art Beat 2023

I tempe entern upproprimer	RT COMPETITION ENTRY FORM vanced			
Drawing & Painting Theme: Hispanic / Latino He	ritage Other:			
Students Name:	Age: GRADE:			
Address (home)	State: Zip:			
Phone: Cell:	E-mail:			
HIGH SCHOOL	Year of Graduation:			
(or College) Teachers' name:	College of choice			
Description or Title of Artwork	Medium (oil, acrylic, pencil, etc.)			
Student Signature / Authorization to publish artwork	PLEASE PRINT THIS FORM! NOTE: Latino Art Beat retains all winning artwork in exchange for the award given.			
	Would you like to donate your work?			
	Art Beat 2023 RT COMPETITION ENTRY FORM ced			
Drawing & Painting Theme: Hispanic / Latino He	ritage Other:			
Students Name:	Age: GRADE:			
Address (home)	City: State: Zip:			
Phone: Cell:	E-mail:			
HIGH SCHOOL	Year of Graduation:			
(or College) Teachers' name:	College of choice			
Description or Title of Artwork	Medium (oil, acrylic, pencil, etc.)			
Student Signature / Authorization to publish artwork	PLEASE PRINT THIS FORM! NOTE: Latino Art Beat retains all winning artwork in exchange for the award given.			
ART (Attach to back of artwork)	Would you like to donate your work?			

MIAMI Latino Art Beat 2023

Please check appropriate:

FILM COMPETITION ENTRY FORM

Grade level:	Interm	nediate	Advanced	<u> </u>	
Film & Animation C	ategory:	Narrative	_ Documentary _	PSA Animation	
Students Name:			Age:	GRADE:	
Address (home)			City:	State: Zip:	
Phone: Cell:			E-mail:		
HIGH SCHOOL		Year of Graduation:			
(or College) Teachers' name:		College of choice			
Title of Film			Total running time (15:00mins or less)		
Student Signature / Authorization to screen film		PLEASE PRINT THIS FORM!			
[Attach to jewel box if	submitting a	DVD)			
MIAMI	La	tino Ar	t Beat 20	023	
Please check appropriate: Grade level: Intermediate		FILM COMPETITION ENTRY FORM Advanced			
Film & Animation C	ategory:	Narrative	_ Documentary	PSA Animation	
Students Name:			Age:	GRADE:	
Address (home)			City:	State: Zip:	
Phone:	Ce	ll:	E-mail:		
			Year of Graduation:		
(or College) Teachers' name:			College of choice		
Title of Film			Total running time (15:00mins or less)		
Student Signature / A	uthorization t	o screen film	PLEASE PRINT THIS FORM!		

(Attach to teachers inventory form)