

Sheridan Memorial Hospital Christmas Card Art Contest – 2021

Thank you for choosing to enter our Christmas card competition! Sheridan Memorial Hospital is seeking a design for the 2021 Christmas Card. Artwork provided by students will be judged by a committee and the overall winner's design will be used on the card sent out in December 2021. The winner's name will be printed on the back side of the Christmas Card. In addition to recognition on the card, the winner will receive a \$50 cash prize. All entries will be displayed in the windows at 61 South Gould (space permitting) throughout the Christmas season. Additional forms and details available at sheridanhospital.org.

Rules

The Theme of our 2020 Christmas card is: **Showing Kindness This Christmas.** Please design your artwork with this idea in mind.

This contest is open to any 3rd, 4th or 5th grade student in Sheridan County or children of Sheridan Memorial Hospital staff who may live outside of the county.

Artwork must fit into the box outlined on page two – do not fold artwork, or include a mat or additional border.

Artwork must be an original creation of the child and not mechanically or electronically generated.

Artwork should be in color (markers, crayons, paint, etc.)

Child's name should be neatly printed on the back side of the artwork – name should not appear on the front of the artwork.

This entry form signed by parent or guardian must be enclosed with artwork.

Only one entry per child.

Sheridan Memorial Hospital:

Is not responsible for lost or damaged entries.

Reserves the exclusive right to authorize the reproductions of all entries in any form, including: stamps, prints, calendars, greeting cards, fact sheets, brochures, fliers, report covers, etc. and to photograph the winning designs without compensation to entrants.

Has the right to use the winner's name for promotional purposes.

Consent

I hereby certify that the artwork submitted is my original artwork and does not contain any clip art.

I understand that if selected, the artwork becomes the exclusive property of Sheridan Memorial Hospital.

I also understand that my artwork will not be returned to me.

Artist Name: _____

Artwork Title: _____

Address: _____ City/Town: _____

Telephone number: _____

School Name: _____ Grade: _____

Artist's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return both parts of this form by November 29, 2021, to:



**SHERIDAN
MEMORIAL HOSPITAL**

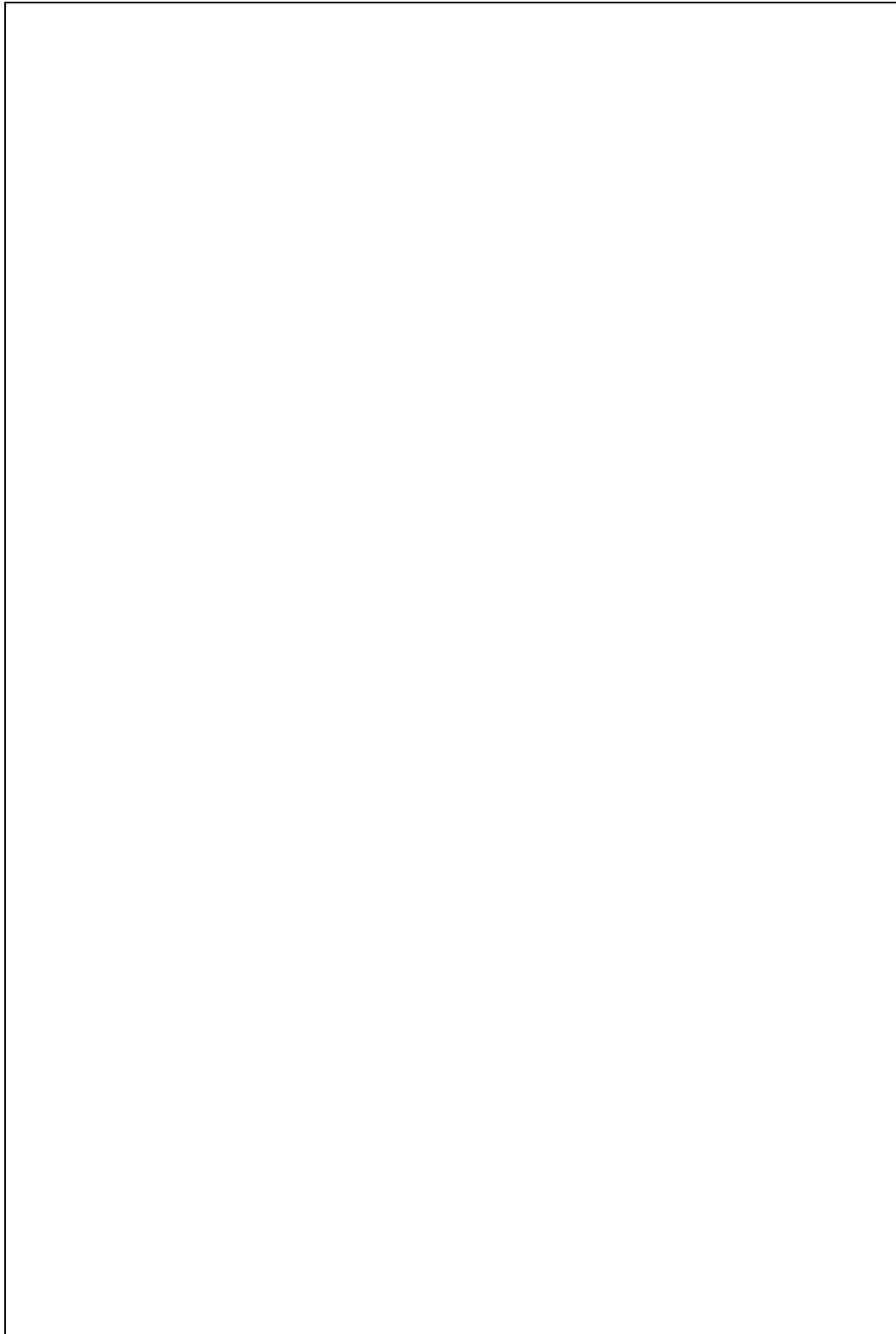
**Deliver in person or mail to: Sheridan Memorial Hospital Downtown Offices
61 S. Gould Street, Sheridan, WY 82801**

Questions? Reach out to Cecile Pattison – Community Relations: 307-672-1017

Showing Kindness This Christmas

Use the space below for your design

Title: _____



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