

Sheridan Memorial Hospital Christmas Card Art Contest – 2025

Thank you for choosing to enter our Christmas card competition! Sheridan Memorial Hospital is seeking a design for the 2025 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 2025. 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 on social media and in the windows at Sheridan Memorial Hospital throughout the Christmas season. Additional forms and details are available at sheridanhospital.org.

Rules

- The Theme of our 2025 Christmas card is: **Community Christmas**. Please design your artwork with this idea in mind.
- This contest is open to any third-, fourth- or fifth-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 a 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, flyers, 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 (please print): _____

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 14, 2025**, to:



SHERIDAN
MEMORIAL HOSPITAL

Deliver in person or mail to: Sheridan Memorial Hospital

1401 West 5th Street, Sheridan, WY 82801

Questions? Reach out to Kristen Czaban – SMH Marketing: 307-675-4496

Community Christmas

Use the space below for your design

Title: _____

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