Sheridan Memorial Hospital Christmas Card Art Contest – 2026

Thank you for choosing to enter our annual Christmas card art contest! We invite all third-, fourth- and fifth-grade students in Sheridan County, Wyoming, to showcase their creativity by submitting artwork. All submissions will be judged by a committee, and the overall winner's design will be featured on the hospital's 2026 Christmas card, which will be mailed in December. In addition to recognition on the card, the winner will receive a $50 cash prize. All entries will be displayed at the hospital throughout the Christmas season. Additional forms and information can be found at sheridanhospital.org.

Rules

- The theme of our 2026 Christmas card is: **Bighorn Mountain Christmas.** Please design your artwork with this theme 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 within the box outlined on page two of the entry form and should not be folded, include a mat or additional border.
- Artwork must be the child's original creation and may not be mechanically or electronically generated.
- Artwork should be in color using markers, crayons, paint or other materials.
- The child's name must be neatly printed on the back of the artwork and should not appear on the front.
- A completed entry form signed by a parent or guardian must accompany each submission.
- 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 Friday, Nov. 13, 2026, 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

Bighorn Mountain Christmas

Use the space below for your design

Title: _____

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