School Participation/Tabulation Form

ACSI Student Leadership & Learning

Email this form to the Chairperson 30 days before the Art Festival or by the Chairperson's deadline.

School ______________________________ Phone ______________________
Address ______________________ City ________________ State ________ Zip ________
School Coordinator ______________________ Coordinator's Email ______________________

I affirm that all student entries are original works and do not infringe on copyright laws. ______________________
School Coordinator's Signature

Total Number of Entries ________ (*24 maximum*)

FOR CHAIRPERSON USE ONLY

Grade	Student Name by Grade from 6-12	Entry Title	Category	Media	Score #1	Score #2	Score #3	Total Score	Avg. Score	Award