



**Artwork submission form**

I. Child		
First name	Surname	Age
II. Institution/School		
Name	Contact name (director/tutor)	
Street	City (with postal code)	Country
Phone	Fax	E-mail
<p>I hereby certify and understand that the attached artwork is the original work of the child named above. I further understand that the child's artwork becomes entirely the property of little ART and can not be returned to the participant. I agree that the artwork may be published, exhibited or reproduced by little ART e.V. without compensation. I also understand that the artwork may be sent in reproduced form to other organizations/institutions for use, without further authorization or compensation to the artist or parent/guardian.</p>		
Name of Parent/Guardian	Signature	Date
Name of Tutor	Signature	Date

Please attach this form to the artwork.