

Cambridgeshire Area Young Artists Competition

PERMISSION FORM and LABEL for WORK

Please complete **in block capitals** and submit with artwork

I (name of parent/carer) give my permission for my son/daughter's work to be exhibited at CAYAC and at any subsequent further venues if these occur.	Yes No
I give permission for the artwork to be photographed and displayed on the webpages of the relevant organisations for publicity purposes.	Yes No
I give permission for uncaptioned photographs of my son/daughter to be displayed on the webpages of the relevant organisations for publicity purposes.	Yes No

Young Artist's Name

School Year Group.....

Home address:.....

.....

Contact email:.....

Phone:.....

Signed:..... (parent/carer)

Name (Please print):

Please note: *CAYAC undertakes due diligence to safeguard the images and personal details given above throughout all judging/promotion.*



ARTWORK LABEL

(Please complete **in block capitals** and attach to the back of the work)

Name of Young Artist:.....

School:.....

Key Stage (Pre-School, KS 1-4) 6th Form).....

Name of Art Teacher.....