ENTRY AND REGISTRATION FORM

Category *(please submit one application per project and indicate the type of submission)*

___ Child (age 8-12)
____ Youth (age 13-18)
____ Group (age 8-18)

____ Written Submission
____ Art Project
____ Short Film *(group only)*

Name: _____ Age: _____
Last name *First*

*Address:*_____ *City/Town:*_____

*Postal Code:*_____ *Phone #:*_____

Email address: _____

Project Name and brief description:

_____

_____

_____

_____

If this is a group submission please write all names and contact information on a separate 81/2 x 11" sheet and attach to registration form.

All contest entries must be submitted by 4:00pm on October 2 to:

Coreen Hemingway
Kelowna Family YMCA-YWCA
375 Hartman Road, Kelowna, BC V1X 2M9
250.765.5916, ext 220

YMCA-YWCA of the Central Okanagan

kelowna, women's SHELTER