



2015/2016 YOUTH ART MONTH CHAIRPERSON INFORMATION

2015/2016 Youth Art Month Chairperson - Name: _____

My state will will not submit a flag for the 2015/2016 Youth Art Month Museum at NAEA

My state will will not submit artwork for the 2015/2016 Youth Art Month Museum at NAEA

My state will will not submit a digital state report/scrapbook for 2015/2016

State: _____

School: _____

School Address: _____

Primary Phone #: _____

Primary Email: _____

Secondary Email: _____

I hereby grant Council for Art Education the irrevocable and unrestricted right to use, reproduce and publish the state Youth Art Month report for educational, promotional and/or other uses and release Council for Art Education from any and all claims, actions and liability relating to the use of the report.

Signature: _____

Date: _____

Primary Email: _____

Primary Phone #: _____

Art Education Association President: _____

Please complete this form and email to  youthartmonthCFAE@gmail.com by SEPTEMBER 1, 2015

