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**TO FILL IN, PRINT OFF AND SEND IN WITH ARTWORK ON OR BEFORE 27 FEBRUARY 2026.**

**Please complete one form per age category. entered.**

**ART COMPETITION ENTRY FORM**

|  |  |
| --- | --- |
| **Name and full address of school** |  |
| **Telephone number** |  |
| **Contact teacher name**  |  |
| **Contact email address** |  |
| **Category entered** |  |
| **Number of entries submitted in this category (MAXIMUM OF 8)** |  |
|  |
| **I confirm that I have read and understood the Terms and Conditions** |  |
| **After the competition I agree to collect the artwork from the Higgins during the period of time specified**  |  |

Scroll down

**TO FILL IN, PRINT OFF AND SEND IN WITH ARTWORK ON OR BEFORE 27 FEBRUARY 2026**

1. **Please complete one form per age category. Complete one box for each pupil entered (max 8 entries per category).**
2. **CLEARLY and LEGIBLY write the name of the pupil and school name on the back of each piece of work.**
3. **Submit one copy of this completed form with your school entry form above.**

**ENTRANTS’ DETAILS FORM**

|  |  |  |
| --- | --- | --- |
| 1 | **PUPIL NAME: YEAR GROUP:** | **SCHOOL NAME:CATEGORY ENTERED:**  |
|  |
| 2 | **PUPIL NAME: YEAR GROUP:** | **SCHOOL NAME:CATEGORY ENTERED:**  |
|  |
| 3 | **PUPIL NAME: YEAR GROUP:** | **SCHOOL NAME:CATEGORY ENTERED:**  |
|  |
| 4 | **PUPIL NAME: YEAR GROUP:** | **SCHOOL NAME:CATEGORY ENTERED:**  |
|  |
| 5 | **PUPIL NAME: YEAR GROUP:** | **SCHOOL NAME:CATEGORY ENTERED:**  |
|  |
| 6 | **PUPIL NAME: YEAR GROUP:** | **SCHOOL NAME:CATEGORY ENTERED:**  |
|  |
| 7 | **PUPIL NAME: YEAR GROUP:** | **SCHOOL NAME:CATEGORY ENTERED:**  |
|  |
| 8 | **PUPIL NAME: YEAR GROUP:** | **SCHOOL NAME:CATEGORY ENTERED**: |