

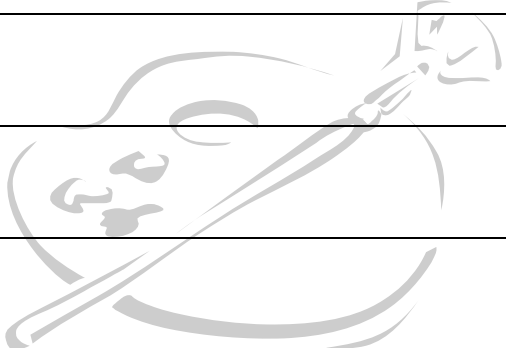


# Daly City Youth Health Center

## ENTRY FORM

### 2011 Art Contest: MY CULTURE, MY HEALTH

Artist's Name:	
Age:	
Home Address:	
Phone:	
Email:	
Grade & School (if applicable):	
Title of the Artwork:	



Please give a brief description of the work (How did you create it and what is its message?)

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Winning artwork will be displayed in the DCYHC lobby. All artwork will become property of DCYHC.  
I agree to the contest rules and terms and certify artwork is original.

\_\_\_\_\_  
Artist's signature & Date

\_\_\_\_\_  
Parent's signature (if artist is under 18) & Date

**Submit to: DCYHC, 2780 Junipero Serra Blvd, Daly City, CA 94015**  
**By: September 15, 2011, 5pm**