**YOUTH ARTS SUBMISSION FORM**

**Seven Stars Gallery**210 Spring Street Nevada City

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Age**: \_\_\_\_\_\_

**Phone Number: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attended (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tell Us About Your Art:**

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**Please submit 6 to 10 images of your art to:
kathangriffis@gmail.com**