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2024 #1 Dog License Entry Form

Please complete this form and answer all questions. Your student's entry will not be considered if it has any incomplete fields or if any questions are not answered.

Student Name: _____

Age: _____

School: _____

What is your dog's name? _____

IF YOUR ENTRY IS SELECTED AS A FINALIST, YOU WILL BE CONTACTED FOR MORE INFORMATION.

I have signed this application and the release and waiver on the date below.

I affirm that the statements made by me herein are accurate and truthful. I also affirm that I understand that my student's artwork may be displayed on the Seneca County Auditor's website, social media sites and print media.

(Parent/Guardian)

PRINT NAME: _____

SIGNATURE: _____

PHONE NUMBER: _____

Date: _____