

2009 AHMA-NCNH - NAHMA CALENDAR CONTEST

“My Hopes, My Future: Healthy Minds and Healthy Bodies”

ENTRY FORM – Complete ALL applicable information, and securely tape this form to the back of each poster. Incomplete submissions will not be considered.

CATEGORY: Children _____ Elderly/Disabled _____ Special Needs _____
ARTIST’S FIRST and LAST NAME:
AGE and DATE OF BIRTH (Children Only):
GRADE LEVEL COMPLETE IN JUNE 2009 (Children Only):
GRADE LEVEL GROUP (K-1, 2-3, 4-6, 7-9, or 10-12) (Children Only)
NAME OF SCHOOL (Children Only):
NAME OF DEVELOPMENT WHERE ARTIST LIVES:
ARTIST’S STREET ADDRESS, APT #:
ARTIST’S CITY, STATE, and ZIP:
ARTIST’S HOME TELEPHONE:
NAME OF PARENT OR GUARDIAN (if applicable):
NAME OF RESIDENT MANAGER:
RESIDENT MANAGER / PHONE NUMBER / EMAIL ADDRESS:
PROPERTY ADDRESS:
AHMA-NCNH MEMBER MANAGEMENT COMPANY:
AHMA MEMBER: Affordable Housing Management Association of Northern California, Nevada, and Hawaii