



Young Artist Program

Art Submission and Consent Form

Name of Young Artist
(First and Last):

Age:

Telephone: ()

Email:

Please Provide the
Complete Mailing Address:

(Street #)

(Street Name)

NL

(PO Box)

(City/Town)

(Province)

(Postal Code)

Description of Artwork:

Parental Permission Required For Young People Under the Age of 16

Parent/Guardian Name:

(First)

(Last)

Telephone: ()

Email:

Address:

(If different than above)

Publish Options:

☐

Please publish both my name and community

☐

Please publish my name only

☐

Please publish my community only

☐

Please **DO NOT** publish either my name or community

Send by: Mail: Young Artist Program, Office of the Child and Youth Advocate
20 Crosbie Place, PO Box 8700, St. John's, NL A1B 4J6 **OR**

Email: office@ocya.nl.ca

Privacy Notice: We are collecting your artwork to use on our website, social media, newsletters, reports, and other resource material. Using your art will make our materials more interesting for young people throughout the province.

The personal information you provide is protected under the **Access to Information and Protection of Privacy Act, 2015.**

For further information, please contact us via email at office@ocya.nl.ca or call 709-753-3888.



CHILDREN
& YOUTH
NEWFOUNDLAND
& LABRADOR