



Local 211 Nurses Week Contest 2024 Option 2

Artist's full name: _____

Artist's age: _____

Parent or legal guardian's full name (if under 18): _____

Contact e-mail: _____

Contact phone number: _____

Is the artist affiliated with a local 211 UNA member? Yes No

Name of Local 211 Member: _____

Artist Signature: _____

Parent or legal guardian's signature (if under 18): _____

Date of Submission: _____

By entering the contest, you agree to and accept the terms and condition of the contest as outlined in the Nurses Week 2024 Colouring Contest Rules.pdf found on the UNA Local 211 web page: <https://www.local211una.com/nursesweek>