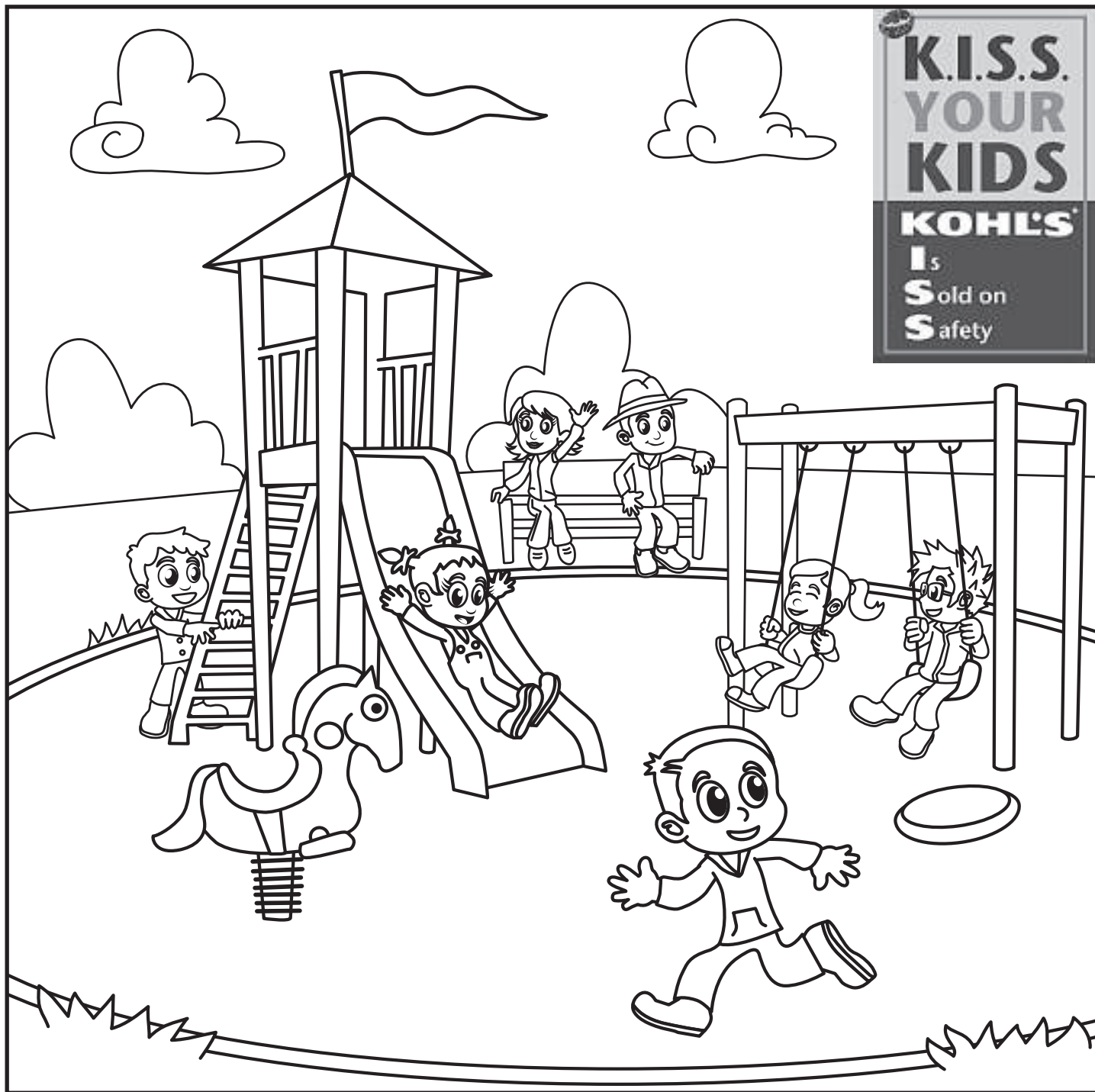


SPRING 2013 Coloring Contest – March 1-31, 2013



Name of Artist: _____ Age: _____

Parent or Guardian: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number: (____) _____ Email: _____

Disclaimer: All pictures become the property of Nationwide Children's Hospital. We cannot be responsible for lost or illegible entry forms, so please write neatly!

Date _____ Parent/Guardian Signature _____