

Warehouse Mural Contest Form

Submitter Info

Name:	Date of B	irth:/
Phone Number: ()	Alt. Phor	ne: ()
Address:		
City:	_ State:	Zip Code:
Email Address:		
Submitting as an individ	lual or as a group	?
☐ Individual ☐ Group f group, Please Fill out followi	ng:	
Group/Team Name(if applicat	ole):	
Names & Age of Members:		
Vame:		Age:
Name:		Age:
If more than 8, please attack	n a text document specifyi	ng Names and Ages of all entrants.
Type of Materials/Supplies Planne	d(Spray Paint, Oil Paint	r, Etc.):

All Entries must be submitted by **JANUARY 31ST, 2016**.

Contest winner shall be chosen on **FEBRUARY 5TH, 2016**.

Mock-ups and renderings will not be returned. Winner will be chosen on creativity and skill. Winner shall receive \$5000 Grand Prize, and a Plague commemorating them.

Winner will then work closely with us to plan and bring their Mural concept to life. Mural concept may change from original conception, We will work with you to finalize and tweak the design to both parties 100% liking. crimescenecleanup.com will provide all necessary materials and supplies, based on artist's requirements to complete the mural.

Artist will also have the opportunity to Sign, and promote the mural with a website in the top right hand corner of the building. This contest will be promoted through local chamber and on local news, so be aware you may be filmed at some point during the creation/presentation of the Mural.

Please, no copyrighted images or logos in your designs. Attach rendering or concept art to email to contest@crimescenecleanup.com or mail it directly to

319 West Main Street Patchogue, NY 11772

We accept all formats (PDF, JPG, PNG, EPS).

Contact us at 1-844-255-2461 if you have any questions! Thank you and Good Luck!

I,(Print Name), agree that all the information i have submitted is true, and verify that all images attached are not copyrighted material, and is of my own creation. I understand that this submission will not be returned to me.			
Signature of Submitter: _			
Dated:			