



AIA Indianapolis
Indiana High School Architectural Design Competition

ENTRY FORM

STUDENT

Student's Name _____

Phonetic Pronunciation of Name (optional) _____

Student's School (indicate if home-schooled) _____

Student's Street Address _____

Student's City, State, Zip Code _____

Student's Email Address (optional) _____

How did you hear about this competition? (specify the class if this was a mandatory assignment)

Signed (student) _____

INSTRUCTOR

This student is currently attending _____

Instructor's Name _____

Signed (instructor) _____

Instructor's School Address _____

School's City, State, Zip code _____

Instructor's School Phone Number _____

Instructor's e-mail address _____

Would you like to be added to our email list (for competition notification only)? Yes No

PARENT

Dear Parent:

In order to properly recognize your student for his/her effort, the AIA would like permission to publicize his/her name, picture and award status. By signing below, you release the AIA to publish this information on the competition website and to local news organizations.

If you do **NOT** want this information publicized please check this box

I grant AIA Indianapolis permission to publish my student's name, picture, and award status as a participant in this competition.

Signed (parent) _____