

## 2016 Holiday Card Submission

Name of child creating art:

D.O.B. (mm/dd/yyyy)

male  
 female

On treatment

Off Treatment in survivorship

SIBLING of a child on treatment

SIBLING of a child off treatment

SIBLING in bereavement

*Only complete this section if artist is the SIBLING of a patient*

Name of Patient

D.O.B. (mm/dd/yyyy)

male  female

Oncology

Diagnosis / Illness

Date of Diagnosis (mm/yyyy)

Hematology

Please provide some brief details (such as current condition, prognosis, how he/she is doing emotionally, etc. Whatever you feel relevant to the illness.)

### ARTIST

Hobbies, interests

When I grow up I want to...

### PATIENT *(only complete this section if artist is the SIBLING of a patient)*

Hobbies, interests

When I grow up I want to...

Name of Parent/Guardian:

Primary Telephone:

Mailing Address:

**Would your child like to be considered for Custom Card Artwork?**

**YES or NO**

**\*Custom card artwork would need to be returned within 1-2 weeks**

Please bring or mail your art to: Children's Cancer Center, Holiday Card Art, 4901 W. Cypress St., Tampa, FL 33607

**Artwork is due: August 5th, 2016**

**Please include in your submission packet:**

1. All artwork
2. This completed form
3. Nice photograph of the artist

#### **ART GUIDELINES**

Please create art on a clean white sheet of standard paper, 8.5" x 11"  
The image should fill the entire page if possible  
Full color art works best

#### **Photograph**

Please include a clear photograph (on photo paper) of the artist to be printed in the calendar if your art is chosen.