

2017 CCC Holiday Card Submission Form

Name of child creating art D.O.B.(mm/dd/yyyy) male
 female

- On treatment
- Off treatment in survivorship
- SIBLING of child on treatment
- SIBLING of child off treatment
- SIBLING in bereavement

Only complete this if artist is the SIBLING of a patient

Name of Patient

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

- Oncology
- Hematology

Diagnosis / Illness Date of Diagnosis(mm/yyyy)

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 an artist is 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 27th, 2017

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