

## JULIE A. ADKINS SENECA COUNTY AUDITOR 109 S WASHINGTON ST. SUITE 2206

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## 2019 #1 Dog License Entry Form

Please complete this form and answer all questions. Your student's entry will not be considered if it has any incomplete fields or if any questions are not answered.

Student Name:
Age:
What is your dog's name?
IF YOUR ENTRY IS SELECTED AS A FINALIST, YOU WILL BE CONTACTED FOR MORE INFORMATION.
I have signed this application and the attached release and waiver on
Date:
I affirm that the statements made by me herein are accurate and truthful. I also affirm that I understand that my student's art work may be displayed on the Seneca County Auditor's website, social media sites and print media.
(Parent/Guardian)
PRINT NAME:
SIGNATURE:
Date:

