



## Nebraska School Nutrition Association Art Contest

The theme for the 2016 Art Contest is *“Show Your Spirit! Celebrate School Lunch in Nebraska.”* Challenge the students in your school to show just how much spirit they have for school lunch by participating in the contest.

Grade categories for the contest are: K-1, 2-4, 5-8 and 9-12.

Four winners will be named and each will receive a \$50 check from the Nebraska School Nutrition Association.

### Contest Rules:

1. All entries must be the student’s original drawing on an 8 ½ x 11-inch or 9 x 12-inch sheet of unlined white paper. Do not use white plain poster board because it is not allowed.
2. The theme *“Show Your Spirit! Celebrate School Lunch in Nebraska”* must be printed on the artwork.
3. The student’s name, address, grade and school must appear on the back of the artwork.
4. Each entry must be accompanied by a completed entry form signed by the principal and cafeteria manager.
5. Each school district will be allowed to submit four entries for the competition: one entry from grades K-1, one entry from 2-4, one entry from grades 5-8, and one entry from grades 9-12.
6. Entries must be postmarked by **December 16, 2016**.
7. If any of the above rules are not followed, the entry will be automatically disqualified.

Send your school district’s entries to:

Nebraska School Nutrition Association  
Public Relations  
P.O. Box 5204  
Lincoln, NE 68505-5204



**NEBRASKA SCHOOL NUTRITION ASSOCIATION ART  
CONTEST ENTRY FORM**

*Show Your Spirit!*

*Celebrate School Lunch in Nebraska.*

Mail this entry form with student's drawing to: Nebraska School Nutrition Association, Public Relations, P.O. Box 5204, Lincoln, NE 68505-5204

Contest Deadline: December 16, 2016

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*Please type or print the following information:*

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ School phone: (\_\_\_\_) \_\_\_\_\_

School address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal: \_\_\_\_\_ Cafeteria Manager: \_\_\_\_\_

\_\_\_\_\_  
(Principal's Signature)

\_\_\_\_\_  
(Cafeteria Manager's Signature)

FOR STATE ASSOCIATION USE ONLY – DO NOT WRITE IN THE BOX

Date Received: \_\_\_\_\_  
Initials of Recipient

Check Entry Category: Grade K-1 (\_\_\_\_) Grade 2-4 (\_\_\_\_) Grade 5-8 (\_\_\_\_) Grade 9-12 (\_\_\_\_)