Get creative and use your imagination to design an original bookmark! Fill in the bookmark on this form, then enter for a chance to win art supplies, gift cards and printed copies of your bookmark.

Multiple winners will be chosen from each library and announced by March 25.
THERE ARE TWO WAYS TO ENTER:

1. Drop off this completed entry form at your favorite library. For addresses, visit arapahoelibraries.org/locations or call 303-LIBRARY (303-542-7279).

2. Mail this completed entry form to Smoky Hill Library, Attn.: Youth Services Librarian, 5430 S. Biscay Cir., Centennial, CO 80015.

Entries are due to the library on Thursday, February 29. Mailed entries need to be postmarked by Friday, February 23.

CONTEST RULES

• All work should be original. If references are used, it should be obvious that the piece as a whole has been transformed and is not a direct copy of other photos or artwork.

• Please no copyrighted characters. (for example: Harry Potter, Spongebob, Pikachu, Bluey)

• Only one entry per child may be submitted.

• Use the bookmark space provided on this form, and please leave the form intact.

• Please do not include personal information, such as your name, on the bookmark.

• Art supplies such as crayons, paint, markers and colored pencils may be used. Please do not use computer generated images or materials such as glitter or glued items.

• No prizes, awards, or any other type of recognition will be given to any entry by Arapahoe Libraries employees or their family members.

• Participant must be a Colorado resident.

ENTRY INFORMATION

CHILD’S FIRST NAME

CHILD’S LAST NAME

AGE

HOME LIBRARY

PHONE NUMBER

LEGAL GUARDIAN EMAIL ADDRESS

All entries become the property of Arapahoe Libraries and may be reproduced for public distribution, displayed in the library, and posted to the library’s website and social media. Arapahoe Libraries may use each winner’s first name and last initial and design for publicity purposes.

LEGAL GUARDIAN SIGNATURE

LEGAL GUARDIAN NAME

DESIGN YOUR BOOKMARK

ENTRY INFORMATION

CHILD’S FIRST NAME (Please print legibly)

CHILD’S LAST NAME

AGE

HOME LIBRARY (Please circle one)

Castlewood

Davies

Eloise May

Kelver

Koelbel

Sheridan

Smoky Hill

Southglenn

Bookmobile

PHONE NUMBER

LEGAL GUARDIAN EMAIL ADDRESS

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LEGAL GUARDIAN SIGNATURE

LEGAL GUARDIAN NAME (Please print legibly)