75TH ANNIVERSARY
LOGO CONTEST ENTRY FORM

Contact Details – Artist #1
Name: ______________________________________________________
Address: ______________________________________________________________________________________
City: __________________________________ State: ________ ZIP Code: ________
Phone: __________________________________
E-mail: __________________________________
Are you a college student? If so, please complete the fields below.
College/University: _________________________ Class Standing: _________
Major/Academic Focus: ____________________________

Contact Details – Artist #2 (if applicable)
Name: ______________________________________________________
Address: ______________________________________________________________________________________
City: __________________________________ State: ________ ZIP Code: ________
Phone: __________________________________
E-mail: __________________________________
Are you a college student? If so, please complete the fields below.
College/University: _________________________ Class Standing: _________
Major/Academic Focus: ____________________________
Logo Description
Please describe the symbolism behind your logo design:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Required Signatures
By participating in The Midwest Clinic 75th Anniversary Logo Design Contest, each entrant represents and warrants that s/he has read and agrees to be bound by the contest’s official rules. Each entrant further understands that if her/his logo design is selected as the winner, s/he will relinquish all claims, rights (including any moral rights), and benefits related to the display, modification, reproduction, publication, distribution, use, and other exploitations of the work, other than the prize awarded to the winning entry.

This form must accompany all contest submissions.

Signature – Artist #1: ________________________________________________________________
Date: __________

Signature – Artist #2: ________________________________________________________________
Date: __________

Please send completed application and artwork to info@midwestclinic.org. Deadline for all submissions is May 15, 2020.