

children's HEALTH FOUNDATION OF VANCOUVER ISLAND

Virtual art gallery In celebration of National Child Day

How to enter

1. Choose one of the following themes:
 - Fall
 - Winter
 - Spring
 - Summer
 - Family
 - Rainbows
 - Happiness
 - Nature
 - Animals
 - Vancouver Island
 - Travel
 - Food
2. Print and complete the submission form. Remember to include a title for your artwork.
3. Create your themed artwork on **8.5" x 11" paper.**
4. Once complete, mail your artwork and submission form **by September 30, 2025**, to:

Attn: Leanne Loster
Children's Health Foundation of Vancouver Island
345 Wale Rd, Victoria, BC, V9B 6X2

Do not fold your artwork. Please include a cardboard insert to avoid the artwork being damaged or bent in transit. Write 'do not bend' on the envelope.

5. Have fun! You can submit up to three pieces of artwork with different themes but be sure that each piece is accompanied by a separate submission form.

Important

- **Please note submitted artwork will not be returned.**
- **Please complete one application form for each submission.**
- **Selected artwork will be on display randomly at one of our facilities for a minimum of one week.**
- **Please submit your artwork by September 30, 2025.**

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Submission form

Please complete, print, and mail this form with artwork to:

Attn: Leanne Loster
Children's Health Foundation of Vancouver Island
345 Wale Rd, Victoria, BC
V9B 6X2

Artist's first name:

Artist's last name:

Artist's age:

Parent/guardian's first name:

Last name:

Title of artwork:

Themes:

- | | |
|--------------------------------|--|
| <input type="radio"/> Fall | <input type="radio"/> Happiness |
| <input type="radio"/> Winter | <input type="radio"/> Nature |
| <input type="radio"/> Spring | <input type="radio"/> Animals |
| <input type="radio"/> Summer | <input type="radio"/> Vancouver Island |
| <input type="radio"/> Family | <input type="radio"/> Travel |
| <input type="radio"/> Rainbows | <input type="radio"/> Food |

School name (if applicable):

Contact email:

Contact telephone number:

Address:

City:

Postal code:

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How did you hear about the art show?

I would like to receive correspondence from the Foundation: Yes: ☐ No: ☐

I authorize and give Children's Health Foundation of Vancouver Island permission to reproduce and publish my child's submitted artwork for promotional and fundraising purposes and to display in an online gallery at www.islandkidsfirst.com, and in one of the Foundation's facilities. I authorize and give Children's Health Foundation of Vancouver Island permission to display and/or publish my child's submitted artwork with my child's first name, age, title of piece, and the name of my child's home community. All artwork submitted becomes the property of Children's Health Foundation of Vancouver Island and will not be returned to the entrant.

Parent/guardian's name:

Date: