R.U.M.B.A. Competition Entry Form

School or Organization Name: ____________________________________________________________

Teacher or Group Coordinator Name(s): __________________________________________________

Name(s) of R.U.M.B.A. creator(s): ______________________________________________________

Address: ___________________________________________ City __________________ Zip Code __________

Phone #: ___________________________ E-mail address: ______________________________________

Name of entry: ________________________________________________________________

Size of entry: ________-or- ________

Circle one: Grades K-2 Grades 3-5 Grades 6-8 Grades 9-12

College/University Student(s) Community Organization Professional Artist

FORM MUST BE RECEIVED BY April 3rd, 2020