



**Sharing Our Stories: Learning from Others, Young and Old**

**(Elderly & Residents with Special Needs Entry Form; Please Print or Type)**

**2019 Art/Poster Contest Official Entry Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Category (circle one):            Elderly            Special Needs

Name of Development Where Resident Lives \_\_\_\_\_

Resident's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident's Phone Number \_\_\_\_\_

Name of Resident Manager \_\_\_\_\_

Resident Manager Phone Number \_\_\_\_\_

Resident Manager Email Address \_\_\_\_\_

Name of Management Company for Development \_\_\_\_\_

Name of AHMA \_\_\_\_\_

**Please Fill Out This Form in Its Entirety**