



Easter Event Colouring Page - Option 1

Artist's full name: _____

Artist's age: _____

Parent or legal guardian's full name: _____

Contact e-mail: _____

Contact phone number: _____

Is the artist a resident of Coaldale? ☐ Yes ☐ No

Date: _____

Parent or legal guardian's signature: _____

By entering the contest, you agree to and accept the terms and condition of the contest as outlined in the Easter Event Colouring Contest Rules.pdf found on the Easter Event web page: www.coaldale.ca/easterevent2025