



2025 Calgary Stampede Poster Competition

Name (Last, First)			
Phone Number		Birthday (MM/DD/YY)	
Email Address		Preferred Pronouns	
Address			

Proof of Alberta residency:

Current education institution:

Current grade/post-secondary year:

Have you participated in previous Calgary Stampede programs?

Yes No

Please describe your art training and education:

Please describe your future career aspirations and vision:

Name: _____

Answer this question, "How will being part of the Calgary Stampede Poster Competition impact you?"

What post-secondary program are you planning to attend and why?

Name: _____

ARTWORK SUBMISSION #1

Title:	Medium:	Artistic style:
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Name: _____

ARTWORK SUBMISSION #2

Title:	Medium:	Artistic Style:
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Name: _____

ARTWORK SUBMISSION #3

Title:	Medium:	Artistic Style:
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