



CHARMHAVEN

# CARNEVALE 2019

proudly supported by



**You're invited to join the fun and take part in  
THE MASK PROJECT**

**FOR INFANTS & PRIMARY SCHOOL STUDENTS**

**Entries are free! Great prizes and trophies.**

**Dates:** 3<sup>rd</sup> to 29<sup>th</sup> August 2019

**Location:** The Art House, Margaret St., Wyong 2259

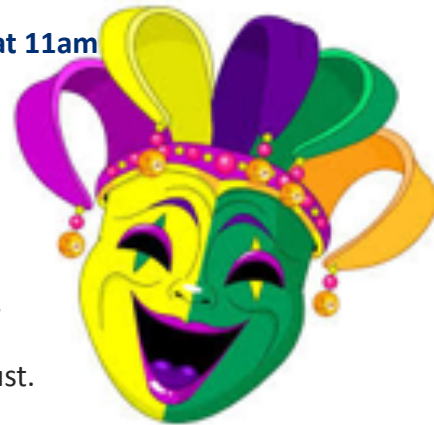
**Open daily** from 10.00am to 5.00pm (Closed Weekends)

**Launch & Announcement of Prize winners:**

**During the ARTISANS MARKET Saturday 3<sup>rd</sup> August 2019 at 11am**

## WHAT TO DO:

- Buy or make a mask.
- Choose any medium.
- Create a colourful, amazing mask.
- For exhibition purposes, mount on a canvas or have the mask strung.
- Cash Prizes, vouchers and trophies will be awarded to the winners.
- The entries will be on display at the Art House, for the month of August.



## DATES TO REMEMBER:

**Entry Forms Due: 28<sup>th</sup> June 2019**

**Mail to:** The Carnevale Coordinator, PO Box 4341, Bay Village, 2261

**Email to:** [entry@carnevale.org.au](mailto:entry@carnevale.org.au)

**Receiving Day: 1<sup>st</sup> August 2019**

**Deliver to:** The loading dock behind The Art House, Margaret St., Wyong 2259  
between 9am & 12pm

**Collection Day: Friday 30<sup>th</sup> August 2019**

**Collect from:** The front door Box Office, The Art House, Wyong

## For further information contact:

**Troy Flight**, Carnevale Coordinator Email: [info@carnevale.org.au](mailto:info@carnevale.org.au)

Tel: 02 43908194 Mob: 0425 205 849 or Email: [secretary@carnevale.org.au](mailto:secretary@carnevale.org.au)



**Tuggerah Lakes Art Society**

[www.tlas.org.au](http://www.tlas.org.au)



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## Please complete entry form

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**To arrive on or before 28<sup>th</sup> June 2019**

**ONE ENTRY PER PERSON**

First Name: ..... Last Name: .....

Address:.....

..... Postcode: .....

Age: ..... School: ..... Class: .....

Tell us about your Mask .....

.....

.....

### **Parent Consent Form**

I give permission for my child .....  
to participate Tuggerah Lakes Art Society's Mask Project.

Name: (Parent/Guardian) ..... (Please  
Print)

Tel:.....Mob: .....

Signature (Parent/Guardian)..... Date: .....

### **For further information contact:**

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**Mobile:** 0425 205 849 or Email: [secretary@carnevale.org.au](mailto:secretary@carnevale.org.au)

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