



# THE COVID COLORING BOOK CHALLENGE 2020

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Drawn: \_\_\_\_\_

Please give a short description of what was drawn and where you drew it:

---

---

---

---

---

---

---

\*all submissions must be original work and will become the property of BIMPRD once submitted. Artists will be contacted if their entries become part of the official COVID Coloring Book Challenge 2020 publication.