



**Kids as Collectors  
Museum of the Grand Prairie**

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Teacher \_\_\_\_\_

Brief Description of Collection Items:

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Approximate number of items in collection (Minimum of 10)

Parent's signature \_\_\_\_\_

(Gives permission for your child's collection to be considered for use.)

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