

ART SHOW ENTRY FORM

PARTICIPANT'S NAME _____ AGE _____

SCHOOL/AGENCY **COMMUNITY**

E-MAIL _____

I request and give my consent to Special Olympics Hamilton County and the Mayerson Jewish Community Center (JCC) to use my (or my son/daughter's) name, and art picture in the Art Show and Art Display. I request and consent that my (or my son/daughter's) name, art picture, and photograph may be used by television, films, radio, or printed media to further the aims of Special Olympics Hamilton County and the Mayerson Jewish Community Center. The art picture referred to is the art picture submitted in connection with the Special Olympics Hamilton County Art Show.

SOHC in collaboration with the Mayerson Jewish Community Center will be displaying the first place winners art work at the Mayerson JCC during the remaining month of February as a part of the Disability Inclusion Awareness Program.

_____ I give permission for art work to be displayed at the Mayerson JCC.

_____ I DO NOT give my permission for art work to be displayed at the Mayerson JCC.

Signed _____
Self, Parent or Legal Guardian

FILL IN INFORMATION AND ATTACH TO THE BACK OF EACH PIECE:

- 1. Black & White _____
(no larger than 11" x 14" with mat)
- 2. Color _____
(no larger than 11" x 14" with mat)
- 3. 3-Dimensional _____
- 4. Craft from Kit _____
- 5. Craft from original Design _____
(no larger than 11" x 14" with mat)
- 6. Computer drafted art _____

ARTIST'S NAME _____ **AGE** _____ **SCHOOL** _____

ABILITY LEVEL:
A. Independent _____ B. Assistance given _____ C. One-on-One (hands on assistance) _____

FILL IN INFORMATION AND ATTACH TO THE BACK OF EACH PIECE:

- 1. Black & White _____
(no larger than 11" x 14")
- 2. Color _____
(no larger than 11" x 14")
- 3. 3-Dimensional _____
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