

<u>ART SHOW – INDIVIDUAL ENTRY FORM</u> Limit 2 entries per athlete/artist

Artist Name	.ge
School/Agency	Teacher
E-mail	
I request and give my consent to Special Olympics Hamilton County Art Museum to use my son/daughter's name, and art picture in the name, art picture, and photograph may be used by television, films, Hamilton County the Mayerson Jewish Community Center, and Cinc submitted in connection with the Special Olympics Hamilton County	Art Show and Art Display. I consent that my son/daughter's radio, or printed media to further the aims of Special Olympics innati Art Musuem. The art picture referred to is the art picture
-	nity Center will be displaying the first place winners art work a ry as a part of the Disability Inclusion Awareness Program.
I give permission for art work to be displa	ayed at the Mayerson JCC.
I DO NOT give my persmission for art wo	rk to be displayed at the Mayerson JCC.
Signature	
Parent or Legal Guardian	
×	
Please complete the information below and attach to <u>EACH</u> piece	of art submitted:
Artist Name:	
Artist Name:	
Artist School/Agency:	-
Title/Name of Art Piece:	_
Type of Art: *School/Artist responsible for mat on art work*	Ability Level:
Black & White (flat art work - no larger than 11" x 14"	☐ Independent
with mat)	☐ Assistant Given
Color (colored flat artwork - no larger than 11" x 14" with mat)	Hand over Hand Assistance
☐ 3 – D	
☐ Craft from Kit (pre-made kit used)	
 Craft from Original Design (no larger than 11" x 14" with mat – designed by artist) 	
☐ Computer Drafted Art	