

ART SHOW ENTRY FORM

PARTICIPANT'S NAME _____ AGE _____

SCHOOL/AGENCY _____ INSTRUCTOR _____
(If applicable)

PARTICIPANT'S ADDRESS _____ ZIP _____
(only if not signed up through a school/agency)

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

Signed _____ Phone _____
Parent or Legal Guardian of Person signing

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 _____
6. Computer drafted art _____
(no larger than 11" x 14" with mat)

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 _____
4. Craft from Kit _____
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(no larger than 11" x 14" with mat)

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

ABILITY LEVEL:

- A. Independent _____ B. Assistance given _____ C. One-on-One _____
hands on assistance