

"Lest We Forget"

Artist Entry Form

Please complete all the information below and email to jharmon@gmsme.org

ARTIST INFORMATION

Artist First and Last Name: _____

City: _____

When did you become an artist (year): _____

Title of your Art Piece: _____

Why did you create this piece of art for the art exhibit? (25 words or less) _____

Is your art for sale? Yes No Price/Value: _____

The artist will receive 70% of the purchase price from work sold. The remaining 30% will be dedicated to the promotion of self-advocacy for adults and children with disabilities.

Agreement: I hereby grant permission to MACSP to photograph my artwork. I also grant permission to MACSP to publish and publicize my name, photograph, artist's statement, and otherwise appropriately use my artwork for exhibition, educational and public awareness purposes.

I hereby understand that MACSP is not responsible for the loss or damage of my piece of artwork.

Signature of Artist: _____ Date: _____

Signature of Parent or Guardian (if under 18) _____

Electronic Signature Agreement: By selecting the "I Accept" button (below), you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.

I ACCEPT

AGENCY INFORMATION

Affiliated Agency of the Artist: _____

Agency contact person: _____

Email: _____

Contact Number: _____