

# “Lest We Forget”

## Artist Entry Form

Please complete all the information below and email to [jharmon@gmsme.org](mailto:jharmon@gmsme.org)

### **ARTIST INFORMATION**

Artist First and Last Name: [Click here to enter text.](#)

City: [Click here to enter text.](#)

When did you become an artist (year): [Click here to enter text.](#)

Title of your Art Piece: [Click here to enter text.](#)

Why did you create this piece of art for the art exhibit? (25 words or less) [Click here to enter text.](#)

Is your art for sale? Yes  No  Price/Value: [Click here to enter text.](#)

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: [Click here to enter text.](#) Date: [Click here to enter text.](#)

Signature of Parent or Guardian (if under 18) [Click here to enter text.](#)

**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: [Click here to enter text.](#)

Agency contact person: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Contact Number: [Click here to enter text.](#)