



**AUTISM SOCIETY OF BOULDER COUNTY**

PROMOTING EDUCATION & AWARENESS  
A CHARITABLE NON-PROFIT ORGANIZATION

ASBC  
P.O. Box 270300  
LOUISVILLE, CO 80027-5004

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FAX: 866-826-3995  
info.autismboulder@gmail.com  
[www.autismboulder.org](http://www.autismboulder.org)

**2008 REGISTRATION APPLICATION**  
**"THROUGH MY EYES"**  
**NATIONAL AUTISM AWARENESS ART SHOW**

Name of Artist: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ and e-mail: \_\_\_\_\_

School Attending/Grade: BVSD/SVVSD: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

For Drop off Locations go to: [www.autismboulder.org](http://www.autismboulder.org)

Address and Time for Pick-Up (If artwork cannot be dropped off):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return of Artwork (If attending the Wine Tasting/Auction Event):

\_\_\_\_\_ I will take artwork with me after Wine Tasting/Auction  
\_\_\_\_\_ I will pick up (date/time) \_\_\_\_\_

**Consent & Likeness Release**

\_\_\_\_\_ Consent & Likeness Release must be attached to Registration Application  
**\*\* Artwork will not be accepted without signed Consent & Likeness Release**

\_\_\_\_\_ **Photo of child** (wallet size/school photo) 3 x 5 inches