

2010 REGISTRATION APPLICATION

“THROUGH MY EYES” NATIONAL AUTISM AWARENESS ART SHOW



Name of Artist: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ e-mail: _____

School Attending: BVSD / SVVSD: _____

Title of Artwork: _____

To submit an art work entry: please contact Julie Darrow at 720-272-8231

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