



2018 DIVERSE-CITY ART COMPETITION

ENTRY FORM



Artist's Name: _____ Grade: _____
First Last

Home Address: _____

_____ City State Zip

Phone: () Email: _____

School: _____

Art Teacher's (or School Representative's) Name: _____ (if applicable)

Teacher's Email: _____ (if applicable) Phone: ()

Title of Artwork: _____

Artwork Type (i.e. painting, graphic design, sculpture, etc.): _____

Describe /explain how /why your artwork represents Diversity and Inclusion. (Attach an additional sheet if necessary.)

I affirm that this entry is my original work. I understand that any artwork submitted to the Diverse-City Art Competition will be considered property of Diversity Awareness Partnership. I grant Diversity Awareness Partnership permission to use my work in ways deemed appropriate, such as reproducing it onto calendars, publications, and other communication vehicles with no compensation other than credit with the artist's name. I understand that my entry may be auctioned/sold to raise money for competition expenses.

Signature of Artist: _____ **Date:** _____

Signature of Parent /Gaurdian: _____ **Date:** _____

All submissions must be delivered or mailed to Diversity Awareness Partnership (40 N. Rock Hill Road, Webster Groves, MO 63119) by March 30, 2018. **Contact Alix Johnson, Youth Programs Manager to set-up a drop-off time or with any questions at ajohnson@dapstl.org**