



# 2015 DIVERSE-CITY ART COMPETITION



## ENTRY FORM

**Artist's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

Art Teacher's (or School Representative's) Name: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

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

Describe your artwork. (Attach an additional sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that this entry is my original work. 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 agree that if I am a winner, my name may be published or displayed as a competition winner. If I do not choose to keep my artwork, it becomes the property of Diversity Awareness Partnership. Diversity Awareness Partnership reserves the right to use the winning entries as part of a traveling exhibit and makes no guarantees against damage or loss of entry. I understand that my entry may be auctioned/sold to raise money for competition expenses.

**Signature of Artist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All forms of submission must be delivered or mailed to Diversity Awareness Partnership (815 Olive Street, Suite 23, St. Louis, MO 63101) by March 13, 2015, or contact Justin Raymundo, Program Manager with any questions at [jraymundo@dapstl.org](mailto:jraymundo@dapstl.org)**