



# 2017 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All forms of submission must be delivered or mailed. Please mail artwork to P.O. Box 10295 Columbia, MO 65205 or drop-off artwork at 1605 Chapel Hill Road, Suite F, Columbia, MO 65203 by April 13, 2017 or contact Nikki McGruder, Regional Manager at [nmcgruder@dapstl.org](mailto:nmcgruder@dapstl.org) or 573-817-4354.**