



Every Hue!

STUDENT ARTIST REGISTRATION FORM

(turn this in with your artwork)

Name : _____ Age: _____ Division _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Parent's Email Address: _____

Parent's Cell Phone: _____ Student Cell Phone: _____

ARTWORK INFORMATION:

Title of your piece: _____

Medium : _____

What inspired you to create this piece: _____

MEDIA CONSENT FORM:

I, the creator of this original artwork, do hereby give my consent for the Cultural Arts Center and the Autism Society to photograph my artwork and use it online, in printed publications, in social media, on a website, and for future advertisement of the event. The Cultural Art Center and the Autism Society will not sell your photographed artwork or release a photograph of the artwork to anyone without your permission.

Your Signature: _____

Please print your name here: _____

Thank you for participating in our first ever student art event!

You are a ground breaker for future artists like yourself!