


ATTACHMENT B

**PLEASE CUT OUT
ENTRY FORM 
AND SECURE TO THE
BACK OF THE ARTWORK**

**Please COMPLETE ALL
PORTIONS of the entry
form & ATTACH IT TO
ARTWORK**

***Accurate mailing and
contact information is
critical for both the artist
and contact person so
that awards, payments
and artwork returns can
be completed afterwards.***

**NO COMPUTER GENERATED
ENTRIES CAN BE ACCEPTED**

2019 Director's Creativity Showcase ART/CRAFT ENTRY

(Please print or type)

ARTIST CONTACT INFORMATION

Artist Name

Artist Street Address (Do NOT use a PO Box)

City, State, Zip Code

FACILITY CONTACT INFORMATION

Facility Name

Facility Address (Do NOT use a PO Box)

City State, Zip Code

Contact Person

Contact Phone Number

Contact Email Address

Primary CATEGORY pertaining to Artist (One
category **MUST** be checked but **ONLY ONE**
Category)

- SUBSTANCE USE DISORDERS
- DEVELOPMENTAL DISABILITIES
- MENTAL ILLNESS
- PROFESSIONAL
- PHOTOGRAPHY

THIS INFORMATION IS VITAL
PLEASE PRINT CLEARLY
ALL INFORMATION

Title of Art _____

Do you wish to sell your entry?

Yes No

If yes, what is the price? \$ _____