



Missouri Mental Health Foundation

### ATTACHMENT B

PLEASE CUT OUT ENTRY FORM  AND SECURE TO THE BACK

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

PLEASE HAVE ARTIST ANSWER THIS QUESTION.



# 2021

## 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)

### 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**

Title of Art \_\_\_\_\_

Do you wish to sell your entry?

Yes  No

If yes, what is the price? \$ \_\_\_\_\_

What do you enjoy about being creative?