

DIRECTOR'S CREATIVITY SHOWCASE

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**

2022 DIRECTOR'S CREATIVITY SHOWCASE ENTRY

ARTIST CONTACT INFORMATION

Artist Name

Artist Street Address (NO PO Boxes)

City, State, Zip Code

FACILITY CONTACT INFORMATION

Facility Name

Facility Address (NO PO Boxes)

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
- Craft

Title of Art _____

Do you wish to sell your entry?

YES

NO

If yes, what is the price?

\$ _____

THIS INFORMATION IS VITAL

PLEASE PRINT CLEARLY ALL INFORMATION