

# Adult Artists

## APH InSights Art 2023 Entry Form

**Deadline for entry is March 31, 2023.**

**Please send 2 copies of this entry form with the artwork, CD, or flash drive.** All applicable information MUST be completed, or the entry may be disqualified.

- Name of Adult Artist: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/P.C.: \_\_\_\_\_
- Daytime Phone (include area code): \_\_\_\_\_
- Home E-mail: \_\_\_\_\_
- Visual Acuity: *Must meet the definition of blindness listed in the "Eligibility" section.*

Do not list eye diseases or send your eyeglass prescription. List a doctor's measurement of your vision. List your corrected visual acuity with glasses or other lens:

Right Eye: \_\_\_\_\_ Left Eye: \_\_\_\_\_ Or degree of restricted visual field: \_\_\_\_\_

Call 1-800-223-1839, ext. 242 with questions on how to list visual acuity or the definition of blindness.

- Which reading medium do you prefer for correspondence?      Print      Braille
- Select your adult category:      Independent artist      Student at an agency (fill out section below)
- Your age at the onset of your blindness? \_\_\_\_\_ Your age now? \_\_\_\_\_
- This entry is sent from:      Home      Agency
- Where should we return art and send correspondence?      Home      Agency

- Select art category for entry:      Craft      Sculpture      2-D Art

Title of Artwork: \_\_\_\_\_ Art Medium/Media: \_\_\_\_\_

Value: \$ \_\_\_\_\_ (Must be included or work will not be insured.)

Do you want to sell your art?      Yes      No

(If yes, your work will be offered for sale at the value listed, plus a 10% handling fee that APH will retain.)

Which are you sending?      digital image      original artwork (see rules).

Give measurement of artwork in inches: length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_ (if applicable)

**Release: Entry to APH InSights Art implies permission for APH to reproduce artwork, to retain artwork for up to one year for display purposes, and to publicize the artist by releasing any information provided on the entry form. Entry also implies permission to photograph the artist for publicity purposes during the fall awards ceremony in Louisville.**

- Agency: \_\_\_\_\_
- Agency Address: \_\_\_\_\_
- City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/P.C.: \_\_\_\_\_
- Teacher's Name: \_\_\_\_\_ Agency Phone (include area code): \_\_\_\_\_
- Fax (include area code): \_\_\_\_\_ E-mail: \_\_\_\_\_
- If your agency closes for the summer, list the month and day it closes: Month \_\_\_\_\_ Day \_\_\_\_\_