

Preschool through High School 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. All applicable information **MUST** be completed, or the entry may be disqualified.

- Name of Student Artist: _____
- Home Address: _____
- City: _____ State/Prov.: _____ Zip/P.C.: _____
- Parent's Daytime Phone (include area code): _____
- 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
- Your age at the onset of your blindness? _____ Your age now? _____
- This entry is sent from: ☐ School ☐ Home
- Where should we return art and send correspondence? ☐ School ☐ Home
- Artist's grade: Pre-K/K 1 2 3 4 5 6 7 8 9 10 11 12 Ungraded (multiple impairments)

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.)

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 award ceremony in Louisville.

- School Name: _____
- School Address: _____
- City: _____ State/Prov.: _____ Zip/P.C.: _____
- Teacher's Name: _____ School Phone (include area code): _____
- E-mail: _____
- Date your school year closes for summer: Month _____ Day _____