

STUDENT ENTRY FORM

THIS COMPLETED FORM MUST BE ATTACHED TO EACH ARTWORK

2018 YOUTH ART MONTH REGIONAL EXHIBIT

Worcester Art Museum, Worcester, MA

Student Name:

Grade:

Parent Name:

Home Phone (w/area code):

Email:

Teacher's Name:

Teacher's Email (required):

School Name:

School Address:

City:

ARTWORK INFORMATION:

Title:

Dimensions (inches):

Medium:

CONSENT: YAM Worcester Regional Exhibit Committee maintains the right to determine which student works are appropriate for exhibit in the Worcester Art Museum. It pledges that this information on this form is used solely for the purpose of administering the YAM exhibit. Addresses and email address are not made public nor made available to other entities for commercial use. I have read and fully understand all requirements for this exhibit. By my signature, I grant permission to YAM and Worcester Art Museum to publish, in all print and electronic media, the student's name, and name and location of the school. I understand that sponsors assume no responsibility for lost or damaged work.

Teacher's Signature:

Date:

**SECURELY TAPE THIS COMPLETED FORM TO THE BACK OF THE STUDENT'S
ART (OR BOTTOM IF 3D.) FORM MAY BE FOLDED TO FIT.**