

Adult Artists

APH InSights Art 2024 Entry Form

Deadline for entry is March 29, 2024.

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. 457 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 _____