Saturday 9th September 2023

15th Deaf festival art / craft competition form for Deaf/hard of hearing individuals

Please complete and return this form on or before **Saturday 19th August 2023** by emailing [artcompetition@deaffestivalqld.com.au](mailto:artcompetition@deaffestivalqld.com.au)

|  |  |
| --- | --- |
| **Register**  **(please tick one)** | ☐ adult  ☐ child |
| **Art Category** | ☐Art – painting, charcoal drawing, sketches, marbling, etc.  ☐Craft – mosaic, macrame, textile, woodwork, sewing, other craft |
| **Your name** |  |
| **Contact person (if same put down as above)** |  |
| **Mobile phone number** |  |
| **Email** |  |
| **Are you? (Tick one)** | ☐ a primary school student - Year level: \_\_\_\_\_\_\_\_  ☐ a high school student - Year level: \_\_\_\_\_\_\_\_\_\_\_ ☐An adult |
| **Title of work:** |  |
| **Medium (type of paint/ material):** |  |

|  |  |
| --- | --- |
| **Size (in cm):** | Length (cm):\_\_\_\_\_\_\_\_\_\_\_\_\_  Width (cm):\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Depth (cm): \_\_\_\_\_\_\_\_\_\_\_\_\_  Weight (kg):\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_ |
| **Description or**  **explanation of your art piece. (60 words or**  **less):** |  |

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**Conditions/Terms of entry**

* Art exhibition will be manned but Deaf Festival no responsibility taken for damage or losses. Deadline for entries for exhibition is Saturday 19th August 2023.
* Art pieces are to be delivered to Art and Craft Hall, Mt Gravatt Showgrounds from 1pm to 5pm Friday 8th September 2023. OR by 8:30am on Saturday 10th September 2023.
* Name, mobile phone number and email address are to be clearly labelled on back of art/ craft piece.

**Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declares that this art piece submission is my own original work and I have read and agreed to the conditions of entry for this competition.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian/teacher if under 18 years old: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Please retain a copy of this entry form for your records.**