



Art Exhibit by Disabled Artists

Formerly Titled Art & Ability

Entry Form

To receive notification, please fill out the form completely and send it with the submitted art to the address below.

Artist's Name: _____ Provider Name: _____ Birth Date: _____

Address: _____

Phone (daytime): _____ Email Address: _____

If you need to be contacted in another format, please indicate that here: _____

Disability(ies): Physical Mental/Emotional Cognitive Multiple Disabilities Other

Ethnicity: American Indian Hawaiian Asian White

Hispanic/Latina Black/African American

Artwork Submission

Participants may submit only one piece of artwork.

Title: _____

- Acrylic Graphic Multimedia Photography Watercolor
 Fiber Art Jewelry Oil Sculpture

If you wish to share about your disability or the method you used to create your art, please do so here: _____

- Please check the box: I authorize Mayo Clinic to photograph my artwork for the 2021 Art Exhibit to publish and share on-line.

NOTE: Your name, address and phone number should be on the back of your submission for identification purposes.

Please submit all information by **October 22, 2021** to:

Melissa Cummins

Independent Living Program Manager

SEMCIL

2200 Second Street SW, Rochester, MN 55902

Phone: (507) 285-3918