



# ART & ABILITY

*Celebrating Artists with Disabilities*

## 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  Fiber Art  Graphic  Jewelry  Multimedia  Oil  Photography  Sculpture  Watercolor

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 2020 Art and Ability Exhibit to publish and share it 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 21, 2020** to:

Melissa Cummins  
Independent Living Program Manager SEMCIL 2200  
Second Street SW  
Rochester, MN 55902  
Phone: (507) 285-3918