

Creations of the Night Youth Art Exhibition — Submission Form

Hosted by the Justin Slade Youth Foundation in partnership with TBD

Artist Information

Full Name: _____

Age: _____

School (if applicable): _____

Phone Number: _____

Email (or parent/guardian email): _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Artwork Information

Title of Artwork: _____

Medium/Materials Used: (e.g., acrylic, pencil, digital, photography, mixed media)

Dimensions of Artwork (in inches or cm): _____

Date Created: _____

Is the artwork framed or ready to hang/display?

☐ Yes

☐ No

Artist Statement (Optional but encouraged)

Please write a few sentences (2–4) about your artwork. What inspired it? What message or feeling do you hope it shares?

Permissions

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I understand that my artwork will be displayed publicly during the Youth Art Exhibition.

I give permission for my artwork (and possibly my photo) to be used for promotion on JSYF and Arts Council Wood Buffalo's social media or print materials.

- ☐ **Yes, I give permission**
☐ **No, I do not give permission**

Signature of Artist: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Staff Use Only

Submission # _____

Artwork Received (Date): _____

Condition Checked: ☐ Yes

