

## Application Art Beyond Boundaries Visual Art Exhibition

Name: Mr./Mrs./Ms. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number: \_\_\_\_\_  
 Email address (optional): \_\_\_\_\_

Art Form(s): \_\_\_\_\_

Emerging or Established Artist: \_\_\_\_\_  
 Artist With or Without Disability: \_\_\_\_\_  
 Are you a senior? \_\_\_\_\_

Do you belong to any of the following ethnic groups?

- Asian    African American    Hispanic/Latino    Appalachian  
 Native Hawaiians/Pacific Islanders    No

I am interested in being added to the Art Beyond Boundaries mailing list.

**Artwork Entries: Please provide the following information for each piece of artwork you are submitting.**

Title	Medium	Size	Price

**Submit this application with your artwork and liability waiver**

Questions? Call 513-421-8726 or e-mail [artbeyondboundaries@gmail.com](mailto:artbeyondboundaries@gmail.com)