

Artist Application 2019 Calendar



Artist Name: _____

City: _____ Age: _____

3-5 sentences about the artist:



Title (name) of Artwork:

Consent for Use of Artwork

I, _____ hereby authorize the **AUTISM SOCIETY**
artist's name

INLAND EMPIRE & the **KVCR AUTISM INITIATIVE** to use the artwork to produce the 2019 calendar as a fundraiser and a promotional item to promote awareness about autism.

artist/ and parent/guardian

date

Please provide information below. **Print clearly.** Must include **PHONE NUMBER & EMAIL.** Your phone number and email will not be released to the public.

Parent or Guardian _____

Address _____

Phone _____ Email _____

By signing below, I hereby grant the ASIE & KVCR Autism Initiative permission as indicated above.

signature

date

**Upload Your Artwork at: KVCRNEWS.ORG/Autism
Click on the "Submit Your Artwork" button**

**OR Mail to: KVCR - Attn: Lillian Vasquez
701 S. Mt. Vernon Avenue - San Bernardino, CA 92410
The artwork will be returned to each artist.**

OR Email to: lvasquez@kvcr.org

**Deadline to submit artwork:
OCTOBER 31, 2018**

Please do not submit artwork
that is copy written ie,
Disney, Pokemon, etc.