



REGISTRATION FORM

ABOUT YOU

Name: _____

Age: _____

Address: _____

Phone number: _____

Email address: _____

Are you entering as a... ?

- Person with a disability Carer Supporter of a person with a disability

ABOUT YOUR ARTWORK

Which Category are you entering? (please tick one)

- Inclusion Theme Category 1: (7–15 years of age)
 Inclusion Theme Category 2: (16 years and over)
 Open Category (any age)

Artwork title: _____

Tell us a bit about the art: _____

Why have you entered this exhibition? _____

(please use back of form if more room is required)

As part of this exhibition, identified entrants will be filmed and interviewed and profiles played during the exhibition. Please tick if you would like to be involved (if selected)

I would like to be involved

By entering this competition, you agree to the terms and conditions which can be found at **feroscare.com.au/allinforart**

Submission is my own work, and I own the copyright to my design

Feros Care recognises the need for people to have support. Please tick if you had support to complete your art work

I had support

Feros Care is unable to facilitate the sale of any pieces of artwork but we are able to pass on your name, contact number and email address to any interested buyers for them to make contact with you directly.

Please tick if you would like us to pass on you details for the purpose of sale

Full name: _____

Signature: _____

(if under 18, a parent/carer must sign, acknowledging their consent)