



# Tall Stacks 2006 - Children's Art Gallery Competition and Display

## ARTIST INFORMATION



Your Name:	
Your age:	
Your Address:	
City:	
State:	
Zip:	
Your Home Phone:	
E-Mail Address:	
Your Grade:	

## SCHOOL INFORMATION



Your School's Name:	
Their Address:	
City:	
State:	
Zip:	
Your Teacher's Name:	
Their E-mail Address:	
Their phone:	

## YOUR ARTWORK

Artwork Title:

Please describe your finished artwork in your own words in the space below.


If you have questions at all please feel free to contact Mike Marcou: 513-721-0104  
or by e-mail: [Mike.Marcou@TallStacks.com](mailto:Mike.Marcou@TallStacks.com)

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Please check that the application is filled in completely and accurately. We must be able to contact students & teachers for winning notifications and non-selected notifications.

Please fill out this application with **BOLD BLACK** or **BLUE** ink.



The **ARTWORK PICK-UP** dates and times are as follows:

All Artwork:

MONDAY, OCT 9<sup>TH</sup>, 3 pm - 6 pm

TUESDAY OCT 10<sup>TH</sup>, 3 pm - 6 pm

**UNCLAIMED ARTWORK WILL BE DISCARDED.**

## RELEASE OF LIABILITY

Tall Stacks will exercise the same care and respect of your artwork that it does in the safekeeping of comparable property of its own. Any evidence of damage to your artwork from the time of receipt and while on the premises of the Tall Stack event will be noted on the applications. This statement certifies that Tall Stacks will **NOT** insure any artwork received while in our care on any of our existing insurance policies.

Your signature below constitutes your agreement to release and hold harmless Tall Stacks, its board and staff from any liability for damage to or loss of the submitted artwork or from any and all claims arising out of such loss or damage.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

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(Cut here detach both labels, fill out both, attach one to the back of your artwork, turn the other into Tall Stacks)

Artist Name:	
Grade:	
Artist Phone:	
Teacher:	
School Name:	
School Phone:	
Artwork Title:	
Item #:	

Attach this label to the back of your art.

Artist Name:	
Grade:	
Artist Phone:	
Teacher:	
School Name:	
School Phone:	
Artwork Title:	
Item #:	

Submit this label with your art