

Missouri Health Care Association
3rd Annual
“Inspire Your **Heart** with Art” Calendar

Artist Entry Form

Facility: _____

Activity Director or Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Resident's Name: _____ Resident's Age: _____

When did resident come to facility: _____

Does the resident have Alzheimer's/Dementia or a Severe Cognitive Impairment? Yes No

Each resident may submit ONE piece of artwork in ONE of the categories below. The artwork must have been created while living at the facility. Please complete the information requested below.

What type of artwork is being submitted?

Original Art (*Example: starting with a blank piece of paper - free-hand drawing, painting, etc.*)

Adaptive Art (*Example: color by numbers, coloring book pages, filling in an outline, tracing*)

Title of the artwork: _____

Please provide a paragraph telling us about the artist and his/her artistic background. Or tell us how they came to be an artist while living in the facility.

Mail this form and artwork by October 31, 2016 to:
Missouri Health Care Association
Attn: Teresa Baysinger
236 Metro Drive
Jefferson City, MO 65109