**Christmas Artwork Submission Form**

**Contact Details**

Name:

Phone Number:

Email:

How would you prefer to be contacted?

**Statement**

Please provide a one or two sentence artist statement to go along with your artwork. This could be information about the art, your relationship with creativity, your sight loss journey or your experience with Vision Norfolk.

Artist Statement:

**Permission**

As part of this competition, submitted artwork may be featured on cards that are sold to raise funds for Vision Norfolk. The artwork and the artist statement may also be publicised (in the media, online, on social media, in our newsletter) and used in promotional materials.

Please read the following statements and sign below to confirm you are happy for Vision Norfolk to use your submitted artwork and artist statement for fundraising and promotional purposes.

I’m happy for Vision Norfolk to use my artwork and artist statement for fundraising and promotion.

I’m happy for Vision Norfolk to advertise my name along with my artwork.

Signature

Date