2017 Group Art Entry Form (Category 35 Only) – Page 1

*Note: There are 2 pages of the Art Division Entry Form

All fields on this form must be completed in detail or the entry will be disqualified. Photocopy this form as needed. Provide as detailed a description of the mediums and techniques used as possible.

PLEASE TYPE or PRINT, taking care to SPELL the NAME of the VETERAN and TITLE OF PIECE CORRECTLY.

VA staff contact person: Obtain additional Veteran contact information for your reference use only, in order to notify the Veteran of the competition results.

Veteran Group Name:
Title of Piece:
Number of Veterans in group: (See Rule 4 on page 18)
JPEG Image File Name(s): (Only required for first place pieces from your facility that are being submitted to the National level of competition. Veterans may submit two images for two-dimensional art entries. Three images will be accepted for three-dimensional art entries.)
1. 2. 3.
Date Artwork Completed:
(Note: Artwork must have been completed after April 1, 2016 unless submitting entries into the Military Combat Experience category.

Size of art piece in inches: (Must meet size criteria as stated in Rule 23, page 31) Length: Width: Height:

Group Information

Last Name | First Name | Age | Last Name | First Name | Age
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VA Staff: Please initial below verifying the statements are true. Initials

I agree this art piece was completed after April 1, 2016.
I agree that if the group art piece is chosen as the first place winning entry, it will be matted, framed and exhibition ready when it is shipped to the Buffalo, NY VA medical facility in May.

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**Veteran Group Name:**

**Category Number:**

**Category Name:**

**Title of Piece:**

**Mediums/techniques used:** *(Mixed Media categories, software used for digital entries, etc. Attach additional page if needed)*

**For Craft Kits, please describe enhancements/techniques used:**

**VA Facility Representing:** Cheyenne VA Medical Center

**Station Number:** *(See pages 19-23 for a list of station numbers)* 442

**Facility Address:** 2360 E. Pershing Blvd.

**City:** Cheyenne  
**State:** WY  
**Zip:** 82001

**Staff Contact Name:** Shelley Shively  
**Routing Symbol:** 117B

**Phone Number:** 307-778-7550 x.7483  
**E-mail (Required):** Shelley.Shively@va.gov

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should discuss leave options/restrictions with their supervisor in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

**Staff Contact Person:** I verify these Veterans meet eligibility criteria as specified on page 15 and are approved to enter the 2017 National Veterans Creative Arts Competition as representatives of this VA facility and that all information has been provided.

**VA Staff Contact Signature and Title:** Recreational Therapist