

MICHIGAN ART EDUCATION ASSOCIATION ENTRY FORM

FOR ALL MAEA SPONSORED EXHIBITIONS



Select Level:

Elementary K-5

Middle 6-8

High 9-12

Select Region Number:

1 2 3 4 5 6

7 8 9 10 11 12

13 14 15 16 17 18

Member ID# _____ Expires _____

Student Gender Male Female

Art Teacher Name (first & last)

Art Teacher Email

Student Name (first & last)

Student Email (required for HS level)

Primary Parent/Guardian Name

Primary Parent/Guardian Email (if available)

Primary Household Street Address

Primary Household City & ZIP Code

Title of Artwork

Media

District Name

School Building Name

Principal Name

Principal Email

Superintendent Name

Superintendent Email

District Administration Street Address

School Building Street Address

District City & ZIP Code

School Building City & ZIP Code

School Building Phone

Student Grade (i.e. Kindergarten, 1st... 12th)

DISCLAIMER: If under the age of 18, a signature is required to exhibit work in the MAEA Student Show. Although every reasonable precaution will be taken, the sponsoring groups and host cannot be responsible for loss or damage, however caused. Parental signature permits reproduction of artwork and student's first name on the Michigan Art Education Association website. Artworks moving on to state level adjudication may be on exhibit for up to 18 months.

Parent or Guardian Signature Date

Region Liaison Signature

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Primary Parent/Guardian Email (if available)

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School Building City & ZIP Code

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School Building City & ZIP Code

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Parent or Guardian Signature Date

Region Liaison Signature

Title: _____ Grade: _____
School: _____
District: _____
Art Teacher: _____

Learning Statement:

Title: _____ Grade: _____
School: _____
District: _____
Art Teacher: _____

Learning Statement:

Title: _____ Grade: _____
School: _____
District: _____
Art Teacher: _____

Learning Statement:

Title:
School:
District:
Art Teacher:

Grade:

Learning Statement:

Title:
School:
District:
Art Teacher:

Grade:

Learning Statement:

MICHIGAN ART EDUCATION ASSOCIATION INVENTORY

FOR ALL MAEA SPONSORED EXHIBITIONS

Teacher:

Teacher Email:

District:

School:

School Street Address:

School City & Zip:

School Phone:

#	STUDENT NAME	ARTWORK TITLE	DESCRIBE OR SKETCH THE ENTRY:	MEDIA	REGION LEAVE BLANK	STATE LEAVE BLANK
1						
2						
3						
4						
5						