

BCAT Art Kit Initiative

REGISTRATION FORM (PLEASE PRINT)

Name: _____ Birth Date: _____

High School: _____ Grade Level: _____

Address (Street, City, State, Zip): _____

Mobile Phone Number: _____ Email: _____

MEDIA RELEASE _____ (parent/guardian initial) I understand that photographs and videos may be taken during the BCAT Art Kit Initiative. I understand media and artwork produced by my child may be used for educational, funding, promotional or other purposes and may be displayed and sold on behalf of BCAT. I give BCAT my permission to use, in part or whole, the name, picture, performance, photograph and/or taped voice for my child. I waive any right to inspect or approve the finished artwork, photography or video or audio recording.

I pledge to create a piece of art (drawing, writing, painting) using my creativity, heart and mind to make a piece of artwork I am proud of.

Youth Signature Date

Parent/Guardian Signature Date

Email or Mail Completed Form:
Catherine Lewis, BCAT Board of Directors
1221 Main Street, Buffalo, NY 14209
Telephone: 716-392-0853
Email: catherine@lewac.org

