REGISTRATION FORM
Registration form for incarcerated persons

First name: _____ Last name: _____

Pronoun(s): _____

Detention facility: _____

Wing: _____ Personal Identification Number (PIN): _____

If you think you will be released **before December 4, 2026**, *please provide us with the contact details needed.*

E-mail: _____ Phone number: _____

Artwork title: _____ Type of artwork: _____

Artwork's description:

_____

_____

_____

_____

Please check one of the following options:

☐ I wish to remain anonymous. My information will therefore not be associated with my artwork.
☐ I would like my first name to be displayed with my work.
☐ I would like my artist's name to be displayed with my work.

Person to contact if we are unable to contact you:

First name: _____ Last name: _____

Relationship: _____

E-mail: _____

Phone number: _____

Signature: _____ Date: _____

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