

CELEBRATING 50 YEARS OF SCREENING FOR SICKLE CELL DISEASE IN NEW YORK STATE

ART SUBMISSIONS FORM

Please note:

- **Submissions are being collected with the intention of sharing them publicly via social media and/or other avenues, such as an exhibit. Please do not include any personal identifying information in your submission unless you are comfortable with this being shared with the public.**
- **Only bolded items in this form may be shared publicly.**

1. Submitter Name: _____

2. Relationship to Artist (if you are not the artist): _____

☐ If you are submitting on behalf of the artist, please check this box to indicate that the artist has provided permission for this submission.

3. **Name of Artist (may be shared publicly):** (For example: John Smith, John S., Anonymous – For artists under the age of 18, please provide only the first name and last initial):

4. Email Address or Phone Number: _____

5. **Title of Submission (may be shared publicly):** _____

6. **Type of Submission (may be shared publicly):**

- ☐ Art
☐ Poetry
☐ Essay/Fiction
☐ Photography
☐ Cinematography
☐ Music

7. **Age of the Artist (may be shared publicly):**

- ☐ 0-11 years old
☐ 12-17 years old
☐ 18+ years old

☐ Please check this box if you provide consent for the New York State Department of Health to use your submission in social media content and/or other public displays, such as an exhibit.

Please email this form with your creation to:
SickleCell50@health.ny.gov



Department of Health
Wadsworth Center