GLASSTASTIC INSTRUCTIONS

Thank you for submitting an imaginary creature for GLASSTASTIC!
Here are a few things to keep in mind as you complete this form:

1. You may submit up to two imaginary creatures.

2. The front of this form should be completed by the K-6 student who dreamed up the imaginary creature, with as little grown-up help as possible.

3. Every drawing submitted will be displayed in the Brattleboro Museum & Art Center exhibit, so please try to be as neat as possible.

4. Please fill out the “Student Info” portion of this form completely.

5. Please deliver or mail this form to Brattleboro Museum & Art Center (address below) by December 16, 2022. Remember: It will be displayed in the Museum, so no staples, folding, or food stains!

6. Ten creatures will be chosen by glass artists to be turned into glass sculptures. If your creature is selected, we will let you know by the end of January.

7. The GLASSTASTIC exhibit (and every drawing submitted) will be on view at Brattleboro Museum & Art Center April 22 - October 9, 2023.

QUESTIONS?

Contact BMAC Office Manager Chelsea Osborne at office@brattleboromuseum.org, or call 802-257-0124 x101

Brattleboro Museum & Art Center
10 Vernon Street
Brattleboro VT 05301

www.brattleboromuseum.org
GLASSTASTIC

Name of Your Creature: ________________________________

Your First Name: ____________________________________

Use the space below to describe your imaginary creature:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Draw your imaginary creature here!
STUDENT INFO

Please provide the following information.
Please write lightly with pencil, so it doesn’t show through.

Student’s Full Name (First and Last):

_________________________________________________________________________

Age: _________

Parent, Guardian, or Teacher Name:

_________________________________________________________________________

Phone number:________________________________________________________

Email: __________________________________________________________________