



“Lest We Forget”

CALL FOR ART Entry Form

Please complete *all the information* below and sign in the appropriate place, and send to the address on page 3.

Artist Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact: _____ (*this should be the same person who sends the form via email*)

Phone: _____ Email: _____

Website: _____

Affiliated Agency of the Artist: _____

Services received (e.g. Home Support, Community Supports, Supported Employment etc):

Number of years receiving services: _____

**** Due to the venue and means of display (easels), work should not exceed 36" x 36", or 50 pounds. If considering a sculptural submission, please contact Ann-Marie Mayberry at 523-5170 ext. 107**

Title of the work: _____

Height: _____ Width: _____ Year completed: _____

Medium: _____

Value/price: _____(required)

Is your work? (Please check correct box): for sale not for sale

Can it be used as a Please Touch piece--is it a sturdy tactile piece which can be handled by people with visual disabilities? Yes No

***Your work must be ready to display (framed if two dimensional wall piece, with appropriate mount if sculptural), and *clearly marked with name, title and sponsoring agency*

***Please email a good quality photo (digital -300dpi at 6 x8 inches- via email to ammayberry@gmsme.org of the artist for publicity and exhibition purposes.

People may be interested in purchasing your work. If your work on exhibit is sold, it will not be available to the buyer until the end of the exhibition. Would you like us to provide your contact information to interested buyers for the sale of other work you may have? Yes No

Sales Policy:

The artist will receive 70% of the purchase price from work sold.
The remaining 30% will be dedicated to the promotion of self-advocacy for adults and children with disabilities.

Artist's Statement

In the space provided on the following page or on a separate piece of paper/document, please briefly describe your experience as an artist, and/or comment on your submitted work in the space provided. You may also feel free to comment on the services that you receive. If you would like to write more, please feel free to attach an additional page. Your statement will be used in the exhibition and may be used in full or in excerpts in our promotional materials. *(if handwritten, must be legible in order to transcribe):*



AGREEMENT:

I hereby grant permission to MACSP to photograph my artwork. I also grant permission to MACSP to publish and publicize my name, photograph, artist's statement, and otherwise appropriately use my artwork for exhibition, educational and public awareness purposes.

I hereby understand that MACSP is not responsible for the loss or damage of my piece of artwork. I understand that my piece may be kept as part of a traveling exhibit for up to six months, after which I will be responsible for retrieving it from the designated location.

Signature of the Artist: _____

Printed name of Artist: _____

Date: _____

Signature of Parent or Guardian
(if under 18): _____