

Call for Art Submission Form

Name:
Address:
Telephone Number:
Title of Art (you must give your art piece a title):
Description of art:
Size:
Medium:
I agree that my art work is valued at \$_____ (must be valued between \$1.00 and \$99.00). I agree to have my art work held by Northern Lakes CMH for the juried art show. If my piece is selected, I will sell it to the Community Mental Health Association of Michigan as part of its Traveling Art Show V and I will receive a \$100 purchase award. If my piece is NOT selected, it will be returned to me.
X
Artist Signature
X
Witness Signature

*Receiving staff must witness the receipt of art and provide a fully signed copy of the form to both the artist and a copy attached to the back of the art. Please forward the art piece to Deb Freed in Traverse City. Questions call Deb at 231-271-6177.



Purchase Award Release

***ARTISTS - Thank you for submitting your artwork for the
Statewide Traveling Consumer Art Show,
“Creative Minds... Changing Minds.”***

For each piece of artwork selected to represent our CMH area, there is a \$100 Purchase Award! In order for CMHAM to correctly send your Purchase Award payment, we need the bottom half of this form filled out completely and attached to the back of your submission. If your piece is not selected to represent our area, you will receive your artwork back and there will not be a purchase award.

NAME _____

(Check will be written to this name)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

I understand that the artwork I submitted to this show will NOT be returned to me if it is selected to represent our CMH area. Any artwork that is selected to represent our CMH area will become the property of CMHAM and I will receive a \$100 purchase award.

ARTIST'S SIGNATURE



Statewide Traveling Consumer Art Show 2017-2019

Release of Biographical Information

Artists: Please submit the information below to your local CMH/PIHP. The best way is to attach this information to the back of your submission.

- ✓ A photograph of yourself – or a self-portrait. (Please note, the photograph is optional. If submitted, the photograph will travel with the art show, like the biographical information. If your art piece is selected, NLCMH will help arrange to get your photo taken if that would be helpful to you.)
- ✓ Your age. _____
- ✓ Your hometown and county. _____
- ✓ On the back of this sheet of paper, briefly discuss what art means to you. What do you like about art? What does doing art do for you? Does art help your recovery? Does art help you develop other life-skills?
- ✓ If my artwork is selected for the show, I would like my name to appear on my artwork and in my statements as _____ (for example, your full name, your first name, or your first name and initial of your last name).

I authorize the use of my photo, approved name, art work and all or portions of my biographical statements submitted with the art work to be used as a part of the art show permanently. I understand all of the biographical information is connected with the art and I will not be able to withdraw the release. I also understand the art may be sold and all of the biographical information will go with the art work. The art and biographical information may be used in the shows, catalogues about the shows, and promotional materials related to the shows, including news stories in all media, such as newspapers, radio, websites and TV.

Your signature (or your guardian's)

Date