



Call for Artists!

Color my world!

What inspires you? What makes you the person you are? How would you show your spirit, goals, or your dreams through artwork?

Westchester Arc is dedicating a special art show to high school students who are beginning to think about their next stage – life after school.

Please feel free to adapt the above concept or develop a new interpretation and translate this to an artistic creation through paintings, drawings, photography, fabric, etc. for the gallery show.

For more information and to arrange a drop off or pick-up of artwork, please contact:
Regina Moore, rmoore@westchesterarc.org, 914.495.4573

Gallery265 will display this artwork at a special event on:

Sunday, November 8, 2009

1-3 pm

All artists and families are welcome!

Go to www.westchesterarc.org for directions.

Objective:

Gallery 265, located at Westchester Arc's Gleeson-Israel Gateway Center in Hawthorne, has an opportunity for high school students to display their creative work in our gallery. We encourage artwork to be submitted that has been created through formal class instruction or independently by the individual.

Event Information:

- **gallery265 Show** **November 8, 2009**
- **Hours:** **1-3 pm**
- **Location:** **Gleeson-Israel Gateway Center**
265 Saw Mill River Road, Hawthorne, NY

Entry Information and Artwork must be submitted by Monday, November 2 (see official entry form)

- The following types of fine art will be accepted: painting, drawing, sculpture, photography or fabric arts. Size of framed art should be 12x16", 16x20", 18X24", 14x20", or 20x28".
- Hanging art must be matted, framed and wired to hang when submitted.
- Artist's name, title of piece along with **brief inspiration description** is required for all entries.
- The entry form and Westchester Arc Individual Authorization form must be signed as well. (see below)

Official Entry Form

Artist's Name: _____ Age: _____

Title of Work: _____ Medium: _____

Brief Description/Inspiration _____

School District: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

E-mail _____ Agency: _____

You must check off one of the following options:

_____ **Artwork is not for sale or donation** and will be returned following display period (3 months)

_____ Artwork is for sale **for the amount of \$_____.**

_____ **Artwork is a donation** to Westchester Arc or the Arc where it was created. It will be added to the Westchester Arc's permanent Gallery265 collection. This collection is used at the discretion of Westchester Arc; generally for display in our art gallery, other Westchester Arc locations, special events, and local businesses and may be reproduced for posters, cards, etc.

RELEASE

The agency is not responsible for damage or theft of artwork.

Signature of Consumer _____ Date: _____
or Personal Representative

Entry Form and Artwork must be delivered by November 2 to:
Westchester Arc – Gleeson-Israel Gateway Center
Att: Regina Moore, Marketing/Public Affairs
265 Saw Mill River Road, 3rd Floor, Hawthorne, NY 10532 – 914.495.4573

WESTCHESTER ARC INDIVIDUAL AUTHORIZATION

Consumer Name: _____

Gallery265 would like to identify the artists in this art show by name when displaying your artwork. We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your special authorization before we may use or disclose your name/information (school district) for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form.

USE AND DISCLOSURE COVERED BY THIS AUTHORIZATION

A representative of Westchester Arc must answer these questions completely before providing this authorization form to you. **DO NOT SIGN A BLANK FORM.** You or your personal representative should read the descriptions below before signing this form.

Who will disclose the information? The person(s) or class of persons authorized to disclose the information are described below.

Westchester Arc Recreation department staff/ Westchester Arc Public Relations department staff.
Westchester Arc Foundation department staff

Who will use and/or receive the information? The person(s) or class of persons authorized to use and/or receive the information are described below.

Members of the community at art show venues/Recipients of public relations materials in the community.

The following information may be used or disclosed:

Photograph, photo of artwork, first name and last name (or only first name if you wish)

What is the purpose of the use or disclosure? The purposes for which the information will be used or disclosed are described below.

Public relations and fundraising for Westchester Arc, such as annual report, newsletter, news releases, website.

When will this authorization expire? The date or event that will trigger the expiration of this authorization should be described below.

One year from date of this document.

SPECIFIC UNDERSTANDINGS

By signing this authorization form, you authorize the use or disclosure of your name and information as described above.

If you sign this authorization, you will have the right to revoke it at any time, except to the extent that the agency has already taken action based upon your authorization. To revoke this authorization, please write to the Privacy Officer at the agency.

SIGNATURE

I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.

- Please use my first name only when displaying the artwork**
- Please use my first and last name when displaying the artwork**

Signature of student or Personal Representative Date

Print Name of student or Personal Representative

Description of Personal Representative's Authority

CONTACT INFORMATION

The contact information of the student or personal representative who signed this form should be filled in below.

Address: _____

Phone (day): _____ (eve): _____

THE CONSUMER OR HIS OR HER PERSONAL REPRESENTATIVE MUST BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED