

Call for Art Submission Form

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| Name: |
| Address: |
| Telephone Number: |
| Title of Art (you must give your art piece a title): |
| Description of art: |
| Size: |
| Medium (Oil, Wood, etc.): |
| I agree that my artwork is valued at \$_____ (must be valued between \$1.00 and \$99.00). I agree to have my artwork held by _____ 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 VIII. |
| 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 the _____ PR or customer service person.