

ART EVENT

ART SUBMISSION FORM

Name _____

Date _____

Address _____

Email _____

Phone _____

Deadline for submission is October 13th. Please deliver to Tina Whitlock, Peer Support Manager, by the deadline.
To contact Tina - t.whitlock@polarahealth.com or 928-445-5211 ext 3327

ART FROM LIVED EXPERIENCE

SAVE THE DATE

Thursday, October 19th 5pm - 7pm

American Warehouse

226 N Montezuma Street Prescott AZ

Refreshments provided by Goods from the Garden



- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Performance Art |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Textile Art | <input type="checkbox"/> • Singing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Woodworking | <input type="checkbox"/> • Poetry Reading |
| <input type="checkbox"/> Sculpture | <input type="checkbox"/> Metal Art | <input type="checkbox"/> • Instrument |
| <input type="checkbox"/> Digital Art | <input type="checkbox"/> Film & Video | <input type="checkbox"/> • Dance |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Collage | |
| <input type="checkbox"/> Mixed Media | <input type="checkbox"/> Mosaics | <input type="checkbox"/> • Other |

Do you have more than one submission? Yes No

**Please check any of the following submissions you may have.

Description of the art and dimensions:

Signature _____

A formal letter of acceptance will be sent to you with information about the event to invite your family & friends.

The selection process will look at size, space requirements and appropriateness.

Please sign the photo release attached to this submission form. We will take pictures at the event.

Sponsored by: