

ENTRY FORM

ARTISTS- ON-LOCATION AND SPECIAL EVENT - SEPTEMBER 12, 2009

ARTIST OPPORTUNITY/CALL FOR ENTRIES – ALL MEDIA – DEADLINE
AUGUST 11, 2009

HISTORIC HOUSE PORTRAIT COMPETITION *and* SPECIAL EVENT JURIED
EXHIBIT WITH \$1,000 in PRIZES.

Join a select group of artists in a Special Event Art Exhibit on September 12th at the Hudson Valley Hospital Center Foundation in concert with the Hudson River Quadricentennial Riverfront Celebration.

Bring one piece of your work representing the Hudson River or our local history for sale, and then create a second piece on location on September 12 by sharing your vision of the Dempsey House and Pataki Center, an historic old home and property on hospital campus. Donations from sales will benefit the Hudson Valley Hospital Center's Art for Health Project as recently featured in the New York Times. Sales will go directly to artist, with a 25-50% donation from sale appreciated. Application Fee: \$20.

Name _____

Address _____

City State Zip _____

Phone _____ Alt phone _____

E-Mail _____

Title _____

Medium _____

Dimensions (in inches) H _____ W _____ D _____

Price \$ _____ Sales direct to artist. Tax deductible donation at artist's discretion between 25-50% of sale price will be appreciated. All media welcome!

1. Work must be ready for hanging or display and be as represented in submission.
2. On-location works created September 12 must be framed and ready to hang. Curator reserves right to reject any work. Size limited to 24" x 36", price limited to \$1500.

3. ENTRY PROCEDURES and FEES: Submissions should be in one of the following formats of work completed in the last three years.

PRINT: Up to 8.5" x 11" **OR**

CD: Image should be in JPEG format, no larger than 8" in height or width, with resolution of 300 DPI. Please label your CD with your name, e-mail address, phone number, and the number of image files, including any detail views. **OR**

SEND application and separately email your JPEG files with last name, first initial, abbreviated title and size to smithstudio1@comcast.net
ie: Smith, J. ShortTitle size **OR**

DVD: Accepted VIDEO artists are required to install their own equipment. Please label your DVD/CD with your name, e-mail address, phone number, and the TITLE.

4. Submissions will be returned ONLY with appropriate SASE. Artists will be notified by email by September 1 if the application is accepted.
5. FEE: \$20 payable to the Foundation, Hudson Valley Hospital Center. Includes initial submission for special event, as well as work created on location, September 12. Lunch will be provided for all artists. Donation as above for any sales.
6. LIABILITY: Entries will be handled with all possible care. Persons submitting work hereby agree to hold harmless Hudson Valley Hospital Center and its affiliates, their agents, and employees from any claim of damage or theft that might arise from any cause whatsoever.
7. It is a requirement that all of the conditions stated above be understood and agreed to by the artist by signing the attached entry form.

Signature _____ Date _____

Address _____

Phone _____

Please mail completed applications to Suzanne Ashley, Curator, Hudson Valley Hospital Center Foundation, 1980 Crompond Road, Cortlandt Manor, NY 10567 by August 11.