



"Lest We Forget"

MACSP Advocacy Day

CALL FOR ART Entry Form

Please complete all the information Braley using the information on page	•	opriate place and send it to Brian
Artist Name	-	
Address		
City		
Phone		
Contact:	(this should be the same p	erson who sends the form via email)
PhoneEmail _		
Website:	Affiliated Agency of the arti	st:
Services received (e.g. Home Support, Community Supports, Supported Employment etc)		
** Due to the venue and means of pounds. If considering a sculptura discuss before sending in paperw	l submission, please con ork.	tact Brian Braley at 725-8820 to
Title of the work		
Height Width Ye		<i>i</i>
Medium		(required)
Is your workfor sale or		
Can it be used as a Please Touch pi with visual disabilities?Yes	• •	ce which can be handled by people
***Your work must be ready to dis	olay (framed if two-dimen	sional wall piece, with
appropriate mount if sculptural), and clearly marked with name, title and sponsoring agency		

***Please email a good quality photo (digital -300dpi at 6 x8 inches- via email <u>bbraley@iaofmaine.org</u>) of the artist for publicity and exhibition purposes.

People may be interested in purchasing your work. If your work on exhibit is sold, it will not be available to the buyer until the end of the exhibition. Would you like us to provide your contact information to interested buyers for the sale of other work you may have? ____Yes ____ No

Sales Policy:

The artist will receive 70% of the purchase price from work sold. The remaining 30% will be dedicated to MACSP's promotion of self-advocacy for adults and children with disabilities.

Artist's Statement

In the space provided on the following page or on a separate piece of paper/document, please briefly describe your experience as an artist, and/or comment on your submitted work in the space provided. You may also feel free to comment on the services that you receive. If you would like to write more, please feel free to attach an additional page. Your statement will be used in the exhibition and may be used in full or in excerpts in our promotional materials.

(if handwritten, must be legible in order to transcribe)

AGREEMENT:

I hereby grant permission to MACSP to photograph my artwork. I also grant permission to MACSP to publish and publicize my name, photograph, artist's statement, and otherwise appropriately use my artwork for exhibition, educational and public awareness purposes.

I hereby understand that MACSP is not responsible for the loss or damage of my piece of artwork. I understand that my piece may be kept as part of a traveling exhibit for up to six months, after which I will be responsible for retrieving it from the designated location.

Signature of the Artist_____

Printed name of artist:

Date_____

Signature of Parent or Guardian (if under 18):_____

All email correspondence should be directed to bbraley@iaofmaine.org . Please use "LWF2023-Agency name" in the subject line for all email correspondence related to this event.

All mailed correspondence should be sent to Brian Braley, Spindleworks, 7 Lincoln Street, Brunswick ME 04011.