



Independence Association

# “Lest We Forget”

## MACSP Advocacy Day

### CALL FOR ART Entry Form

Please complete **all the information** below and sign in the appropriate place and send it to **Brian Braley using the information on page 3.**

Artist Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact: \_\_\_\_\_ *(this should be the same person who sends the form via email)*

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website: \_\_\_\_\_ Affiliated Agency of the artist: \_\_\_\_\_

Services received (e.g. Home Support, Community Supports, Supported Employment etc)

\_\_\_\_\_  
\_\_\_\_\_

Number of years receiving services: \_\_\_\_\_

**\*\* Due to the venue and means of display (easels), work should not exceed 36” x 36”, or 50 pounds. If considering a sculptural submission, please contact Brian Braley at 725-8820 to discuss before sending in paperwork.**

Title of the work \_\_\_\_\_

Height \_\_\_\_\_ Width \_\_\_\_\_ Year completed \_\_\_\_\_

Medium \_\_\_\_\_ Value/price \_\_\_\_\_ (required)

Is your work \_\_\_ for sale or \_\_\_ not for sale?

Can it be used as a Please Touch piece--is it a sturdy tactile piece which can be handled by people with visual disabilities? \_\_\_ Yes \_\_\_ No

**\*\*\*Your work must be ready to display (framed if two-dimensional wall piece, with appropriate mount if sculptural), and clearly marked with name, title and sponsoring agency**



**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.**