

Entry # _____ (for office use only)

2020 OPENING MINDS COMMUNITY ART SHOW

SUBMISSION APPLICATION

(DIGITAL SUBMISSION ONLY)

Artist Name: _____

Full Address: _____

Phone Number: _____ Email Address : _____

Piece Title: _____

Type of Medium: _____

Sale Price: \$ _____

Dimensions _____

We ask that you read and initial the following items:

_____ I've included the description of my art piece with this Submission Application

_____ I understand that Studios on the Park and TMHA are not liable for any loss, theft or damage to my art piece

_____ I understand that this is a juried process for choosing art and my art may not be chosen for the Studios on the Park venue

_____ I understand that art chosen for the Studios on the Park is required to be for sale and, if sold, Studios on the Park collects 40% of the commission and I keep 60%

_____ I UNDERSTAND I AM SUBMITTING MY ART TO A SHOW SPECIFICALLY ASSOCIATED WITH MENTAL HEALTH RECOVERY AND PICTURES OF MY ART MAY BE USED IN EDUCATIONAL OR PROMOTIONAL MATERIALS.

Artist Signature: _____ Date: _____

For more information, contact Meghan Madsen: (805)503-0350 or mmadsen@t-mha.org

