FEATURED PIECE APPLICATION

2020 OPENING MINDS ART SHOW

Presented by Transitions-Mental Health Association

Artist Name:			
Home Address:			
Telephone Number:	Alt	ernate Phone Number: _	
Email:	Art Website (i	f applicable):	
# Art Pieces Entering for Co	nsideration:	_ (Limit is 3 submissions	5)
I understand the art piece (s) I am entering m	ust be 2-Dimensional	(Initials)
I understand pictures of my		led to mmadsen@t-mha	.org (Initials)
I understand that a separate scribes each art piece as it r			_
Title of Entry:			
Title of Entry:			
Title of Entry:			

The *Opening Minds Art Show* committee members will choose the Featured Artist for the 2020 *Opening Minds Art Show.* The artist agrees that Transitions-Mental Health Association reserves the right to deny any art during the application process for the featured artist. The artist acknowledges that any Featured Piece Applications that are not turned in by **September 27 by 5:00pm** may not be considered. Applications for the featured piece require photo images of each art piece, and a separate document describing each art piece as it relates to the artist's connection with mental health. **Applications, photos, and art descriptions must be emailed to mmadsen@t-mha.org or mailed to Meghan Madsen at 784 High Street, San Luis Obispo, CA 93401.** The featured artist will be chosen by **November 8,2019**. The artist agrees that Transitions-Mental Health Association and those involved shall not be liable for any loss, theft, or damage on any artwork that may occur during the application process.

I UNDERSTAND THAT I AM SUBMITTING MY ART TO A SHOW SPECIFICALLY ASSOCIATED WITH MENTAL HEALTH RECOVERY AND THAT PICTURES OF MY ART MAY BE USED IN EDUCATIONAL OR PROMOTIONAL MATERIALS. I UNDERSTAND THAT IF CHOSEN AS THE FEATURED ARTIST I WILL BE INVOLVED IN MEDIA INTERVIEWS AS WELL A PRESENTATION OF MY ART DURING THE OPENING CEREMONY OF THE ART SHOW IN MAY 2020.

For more information, contact Meghan Madsen 805-503-0350 or jcreason@t-mha.org