



Sept. 6, 2019 Art Hop Submission Form *(Turn in completed form when dropping off artwork)*

***Please note the information below regarding picking up your work after the event.**

PART 1

Artist Name:
<i>How would you like your name to appear by your piece? Examples: your full name, first name, a nickname, etc.</i> Name I approve to use:
Street Address:
City, Zip Code:
Telephone Number:
Email:
Title of Art Work:
<p><input type="checkbox"/> I authorize the use of my approved name, artwork and biographical information as a part of the #LookBeyond art display at the Sept. 6, 2019 Art Hop exhibit. I understand that my artwork and biographical information may be used in promotional materials related to the exhibit, including news stories in all media, such as newspapers, radio, websites and TV.</p> <p><input type="checkbox"/> *I understand that I am responsible to arrange for my artwork to be picked up from the exhibit at the Epic Center on FRIDAY, SEPT. 6, 2019 immediately following the event.</p> <p><input type="checkbox"/> *If I am <i>unable</i> to make arrangements to have it picked up that night after the event, I will contact event organizers at (269) 364-6925 on or before THURSDAY SEPT. 5, 2019 to request that my artwork be held for me at KCMHSAS (418 W. Kalamazoo Ave., Kalamazoo MI 49007) and I will schedule a time to pick it up during the following week, Sept. 9-13, 2019.</p>
Artist and/or Guardian Signature(s):
<p>X Artist _____ Date: _____</p> <p>X Guardian (if applicable) _____ Date: _____</p>

PART 2

ART DROP-OFF: <i>(Please circle location)</i>	<p>KCMHSAS KVCC Print Shop KVCC Center for New Media</p> <p>ASK Recovery Institute</p>		
		<i>(Date)</i>	<i>(Artist's initials)</i>

QUESTIONS? Contact Alyssa Dickens at (269) 364-6925 or adickens@kazooemh.org.

SEE BACK FOR INFORMATION ON SELLING YOUR ARTWORK.

Selling Your Art at the #LookBeyond Art Hop

If you'd like to sell your work, we're happy to display its price and collect funds on your behalf if it sells DURING THE EXHIBIT on Sept. 6.

YOUR PRICE: \$ _____

OTHER INFO: _____

CONSENT TO SELL:

By signing here, I give permission to the **#LookBeyond Social Marketing Team** to sell my work of art for the price listed above at the **Sept. 6, 2019 Art Hop** at the Epic Center. If I'm not present at the time of sale, I give the SM Team permission to take money on my behalf. I will arrange to pick up the funds from any sale at **Kalamazoo Community Mental Health & Substance Abuse Services, 418 W. Kalamazoo Ave., Kalamazoo MI 49007**. My signature in the section below indicates that I have received my funds.

(Artist's Signature) (Date)

(Guardian, if applicable) (Date)

CONFIRMATION OF ARTIST'S

PAYMENT (if art sells at event)	X _____ (Initials of staff disbursing \$ to artist)	X _____ (Signature of artist upon receipt of \$)	_____ (Date received)
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