Winter Park Library Youth Art Show submission form

Artist’s Name: ______________________________________________________ Age: ______

Address: _____________________________________________________________________

Primary Phone: _______________________ Alternate Phone: __________________________

Email: _______________________________________________________________________

School: _____________________________________________ Grade: _________

Title of work:________________________________________________________________________

Medium/process of piece: _________________________________________________________

Deadline to submit: Sunday, March 17 at 6 p.m. Each artist may submit one entry, accompanied by this application form affixed to the work. Entries will be accepted at the Library starting March 1.

Exhibition: Accepted pieces will be displayed at the Winter Park Center For Health and Wellbeing, 2005 Mizell Ave, Winter Park (from March 22-April 21). Art must be able to hang on the wall and must be matted or framed. Library staff will attach self-adhesive tabs on the back of your artwork for hanging purposes. If you believe your art to be too heavy to be hung in this way, your submission should come equipped with the appropriate apparatus to support it. Library staff will keep exhibit pieces at the Library from April 22 to May 15, 2024 for artists to pick up. No art will be kept past May 15. Artist understands and agrees that the Library shall have no responsibility for the care of any exhibit piece and any loss or damage be the sole responsibility of exhibitor. Artist shall indemnify and hold the Library harmless against any and all claims arising out of this exhibit.

Media: All 2-D media are encouraged, but artwork must also be appropriate for public display.

Prizes: A jury panel will determine Best in Show and honorable merits. Winners will be announced at a Reception at the Winter Park Center For Health and Wellbeing, Wednesday, April 17, 6:00-7:00 pm, and be awarded show ribbons and prizes.

Artists must be grades 3-7.

Parent/Guardian Name: ___________________

Parent/Guardian Signature: _______________________ Date: ________________