

“The Art of Recovery & Hope” Submission Form

for the 2018 System of Care Conference Art Display and CMHA Michigan Traveling Art Show Contest

Please include this form with your submitted art piece.

Art may be dropped off at 418 W. Kalamazoo Ave., Kalamazoo MI 49007 on these dates only:

- MONDAY, FEBRUARY 5th, between 3:00 p.m. and 4:30 p.m.
- THURSDAY, FEBRUARY 8th, between 10:30 a.m. and 12:00 p.m.

Artist Name:	Age:
<i>If your art is shared publicly, how would you like your name to appear by your piece? Examples: your full name, your first name, or your first name and initial of your last name, or a nickname.</i>	
Name I approve to use:	
Street Address:	
City, Zip Code:	
Telephone Number:	
Email:	
Title of Art Work:	
<p>I authorize the use of my approved name, artwork and biographical information as a part of the art display at the 2018 System of Care Conference – including my status as a recipient of community mental health services from KCMHSAS. I understand that I will not be able to withdraw my release. I also understand that my artwork and biographical information may be used in promotional materials related to the display/conference, including news stories in all media, such as newspapers, radio, websites and TV. If my artwork is selected for the Community Mental Health Association of Michigan’s Traveling Art Show, I understand that I will be required to submit further information.</p> <p>Artist and/or Guardian Signature(s) As Applicable:</p> <p>X Artist _____ Date: _____</p> <p>X Guardian (if applicable) _____ Date: _____</p>	

Questions? Contact Teresa Lewis at 269-553-7000 or TLewis@KazooCMH.org.

Receipt of Art Work: _____ (location) _____ (staff initials) _____ (date) _____ (KCMHSAS staff initials)