



All Media Art Exhibit -- Call for Artists!

Pen, Brush, Needles, Pliers & Camera.

Gallery265 will host an **Art Show and Film Festival** that will feature outsider art, short films, and creative writing with the theme: **Pen. Brush. Camera.**

Share your experiences and tell your story through creative expression to: inspire, educate, entertain or challenge others to embrace the capacity of those with developmental disabilities.

Since interpretation is purely subjective to artists, we encourage the artists to pursue their own understanding/direction on the theme "Pen. Brush. Camera." and translate this to an artistic creation through paintings, drawings, film, photography, creative writing, fabric, jewelry, etc. for the gallery show.

For more information and to arrange a drop off or pick-up of artwork, please contact:

Regina Moore
914.495.4573

rmoores@westchesterarc.org

Gallery265 will display this artwork at a special event where we will also feature films from Sprout:

Sunday, May 16, 2010

All artists and families are welcome!

Go to www.westchesterarc.org for directions.

Objective:

Gallery 265, located at Westchester Arc's Gleeson-Israel Gateway Center, has an opportunity for individuals with a developmental disability to display their creative work in our gallery. We encourage artwork to be submitted that has been created through formal class instruction or independently by the individual.

Event Information:

- gallery265 Show May 16, 2010
- Hours: TBA
- Location: Gleeson-Israel Gateway Center
265 Saw Mill River Road, Hawthorne, NY

Entry Information and Artwork must be submitted by Monday, April 26, 2010 (see official entry form)

- The following types of art will be accepted: painting, drawing, sculpture, photography, jewelry, film, or fabric arts. Size of framed art should be 12x16", 16x20", 18x24", 14x20", or 20x28".
- Hanging art must be matted, framed and wired to hang when submitted.
- Artist's name, title of piece along with **brief inspiration description** is required for all entries.
- The entry form and Westchester Arc Individual Authorization form must be signed as well. (see below)

Official Entry Form

Artist's Name: _____ Age: _____

Title of Work: _____ Medium: _____

Brief Description/Inspiration _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

E-mail _____ Agency: _____

You must check off one of the following options:

_____ **Artwork is not for sale or donation** and will be returned following display period (3 months)

_____ Artwork is for sale **for the amount of \$_____.**

_____ **Artwork is a donation** to Westchester Arc or the Arc where it was created. It will be added to the Westchester Arc's permanent Gallery265 collection. This collection is used at the discretion of Westchester Arc; generally for display in our art gallery, other Westchester Arc locations, special events, and local businesses and may be reproduced for posters, cards, etc.

RELEASE

The agency is not responsible for damage or theft of artwork.

Signature of Consumer _____ Date: _____
or Personal Representative

Entry Form and Artwork must be delivered by April 26 to:

Westchester Arc – Gleeson-Israel Gateway Center
Att: Regina Moore , Marketing/Public Affairs
265 Saw Mill River Road, 3rd Floor, Hawthorne, NY 10532

Index #
(to be filled out by Recreation only):

Date Adopted: April 14, 2003

Date Last Amended: April 14, 2003

WESTCHESTER ARC INDIVIDUAL AUTHORIZATION

Consumer Name: _____

We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your special authorization before we may use or disclose your protected health information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form.

USE AND DISCLOSURE COVERED BY THIS AUTHORIZATION

A representative of westchester Arc must answer these questions completely before providing this authorization form to you. **DO NOT SIGN A BLANK FORM.** You or your personal representative should read the descriptions below before signing this form.

Who will disclose the information? The person(s) or class of persons authorized to disclose the information are described below.

Westchester Arc Recreation department staff.

Westchester Arc Public Relations department staff.

Westchester Arc Foundation department staff

Who will use and/or receive the information? The person(s) or class of persons authorized to use and/or receive the information are described below.

Westchester Arc Staff

Members of the community at art show venues

Recipients of public relations materials in the community.

What information will be used or disclosed? *The appropriate boxes should be checked below and the descriptions should be in enough detail so that you (or any organization that must disclose information pursuant to this authorization) can understand what information may be used or disclosed.*

The following information may be used or disclosed:

Photograph, photo of artwork, first name, last initial, Westchester Arc services used.

What is the purpose of the use or disclosure? The purposes for which the information will be used or disclosed are described below.

Public relations and fundraising for westchester Arc, such as annual report, newsletter, news releases, website.

When will this authorization expire? The date or event that will trigger the expiration of this authorization should be described below.

One year from date of this document.

SPECIFIC UNDERSTANDINGS

By signing this authorization form, you authorize the use or disclosure of your protected health information as described above. This information may be redisclosed if the recipient(s) described on this form is not required by law to protect the privacy of the information, and in that event such information may no longer be protected by the federal HIPAA privacy regulations.

You have a right to refuse to sign this authorization. Your health care, the payment for your health care, and your health care benefits will not be affected if you do not sign this form.

You have a right to see and copy the information described on this authorization form in accordance with agency policies. You also have a right to receive a copy of this form after you have signed it.

If you sign this authorization, you will have the right to revoke it at any time, except to the extent that the agency has already taken action based upon your authorization. To revoke this authorization, please write to the Privacy Officer at the agency.

SIGNATURE

I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above.

Signature of Consumer or Personal Representative

Date

Print Name of Consumer or Personal Representative

Description of Personal Representative's Authority

CONTACT INFORMATION

The contact information of the consumer or personal representative who signed this form should be filled in below.

Address: _____

Phone (day): _____ (eve): _____

**THE CONSUMER OR HIS OR HER PERSONAL REPRESENTATIVE MUST BE
PROVIDED
WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED**