

ACTion Art 2020 Artist Registration Form

Please print the information requested below, sign in the appropriate space, and send to ACT.

Mail: ACT, Attention: Shay Kraley, 1140 Monroe Ave NW, suite 4101; Grand Rapids MI, 49503

Email: program@artistscreatingtogether.org

ARTIST REGISTRATION FORM MUST BE RECEIVED BY 5 PM ON FRIDAY, FEBRUARY 28, 2020.

ARTWORK MUST BE RECEIVED BY ACT NO LATER THAN 7:00 PM ON THURSDAY, MARCH 12, 2020.

ARTIST INFORMATION

Artist Name

Phone

E-mail

Street Address

City

State

Zip

Disability/Disabilities

☐ Please check this box if you do not want us to share your disability with the general public.

Guardian Name (if applicable)

Phone

E-mail

ART ENTRY INFORMATION

Title

Medium (ex: acrylic, photograph, collage, mixed media, etc.)

Dimensions (height x width)

Weight (inc. frame and hardware)

Is your entry for sale? Yes _____ No _____ Price _____

If not, or if it doesn't sell, would you like to donate your piece to ACT after ACTion Art? Yes _____ No _____

Possibly. Ask me after ACTion Art _____ ACT utilizes donated artwork by displaying it in classes and at the annual Art Auction that supports ACT programming.

Briefly describe your entry and any specific notes and/or requests for display: _____

- **ATTACH A PHOTO OF YOUR ENTRY OR EMAIL IMAGE TO PROGRAM@ARTISTSCREATINGTOGETHER.ORG.**
- **INCLUDE AN ARTIST BIO AND STATEMENT, ATTACHED ON A SEPARATE PAGE (SEE BACK). THIS STATEMENT WILL BE DISPLAYED NEXT TO YOUR PIECE DURING THE EXHIBIT AND USED FOR PROMOTIONAL MATERIALS AND ACTIVITIES.**

This signed Artist Registration form constitutes artist and guardian permission for ACT to have perpetual, worldwide, non-exclusive, no-charge, royalty-free, irrevocable right to use, reproduce, display, and redistribute my artwork, with or without modifications, subject to the following conditions:

(i) Artwork may be used by ACT for educational, curatorial, informational, documentary, publicity, and archival purposes related to ACT purposes, in any media now known or not yet invented;

I understand that if I do not pick up my piece by 4 p.m. on Thursday, April 30, 2020, it will be donated to ACT. ACT may utilize the donated piece within art classes or at the annual ACT Art Auction to raise funds for ACT programming.

(ii) I am entitled to credit in all artwork in which full artist credits are given. Ads, however, shall be exempt from this provision. I recognize that ACT shall use reasonable efforts to ensure compliance with the crediting provisions and the failure to properly credit me shall not be considered a material violation of this agreement.

I DO HEREBY STATE THAT I AM THE PRODUCER OF THE ART LISTED AND THAT THIS ARTWORK IS ORIGINAL. I DO HEREBY AGREE TO ALL THE ACTION ART AND ARTPRIZE OFFICIAL RULES (IF COMPETITION YEAR OCCURRING) FOR THE LISTED ARTWORK.

Artist Signature; _____ Date: _____

All Arts. All Abilities.



PLEASE PROVIDE YOUR ARTIST BIO AND ARTIST STATEMENT SO THAT WE CAN ACCURATELY REFLECT YOUR INFORMATION IN THE ACTION ART EXHIBIT. YOU MAY ALSO SUBMIT YOUR BIO AND ARTIST STATEMENT BY EMAIL TO PROGRAM@ARTISTSCREATINGTOGETHER.ORG (300 WORDS OR LESS).

This bio and artist statement will be displayed next to your entry during the exhibit and may be used within promotional materials and activities.

ARTIST BIO: Tell us about yourself and your art journey.

[illegible]

ARTIST STATEMENT: Tell us about your artwork and/or your ACTion Art entry.

[illegible]