



2016 HEArt Show

February 5, 2016

Benefitting
Louis and Anne Green Memory & Wellness Center
of the Christine E. Lynn College of Nursing
at Florida Atlantic University

GENERAL ARTIST APPLICATION

(Please Print Neatly)

Today's Date ___/___/___

ARTIST INFORMATION

First Name	Last Name	Birth Date		
Mailing Address	City	State	ZIP Code	Cell Phone No.
Email Address	Fax No.		Work Phone No.	
No. Items to be offered (maximum 4)		How did you hear about this event?		
School/Organization (if applicable)				
# Tickets Required: _____ (Each Artist will receive one free event ticket. Additional tickets may be purchased for \$10 each.)				

Instructions for Artwork Submission

1. Submit the ARTIST APPLICATION FORM (complete both sides please):
 1. Fax: 561-278-6023
 2. eMail: Admin@DelrayOasis.com
 3. in person: 250 Royal Ct. Delray Beach, FL 33444
2. Artists may include a brief bio (250 words or less) if available
3. Include a photograph for each piece of artwork to be considered.
4. ALL ARTWORK MUST BE FRAMED AND/OR DISPLAY-READY. HEArt Show will not provide frames and/or display materials.

DEADLINES:

SUBMIT Artist Application Forms by 3:00 pm on **January 18, 2016**

DELIVER display-ready artwork to 250 Royal Ct, Delray Beach 33444 between **January 28**

and February 1, 2016

PICK UP unsold artwork by Saturday, **February 20, 2016**

EARLY APPLICATION IS ENCOURAGED AS SPACE IS LIMITED. It is possible that not all artwork received will be displayed at the event.

ARTWORK INFORMATION		
#1 Title of Artwork:		
Description:		
Artwork Type/Medium:	Value of Artwork \$	Is this piece larger than 4' or heavier than 30 lbs?
#2 Title of Artwork:		
Description:		
Artwork Type/Medium:	Value of Artwork \$	Is this piece larger than 4' or heavier than 30 lbs?
#3 Title of Artwork:		
Description:		
Artwork Type/Medium:	Value of Artwork \$	Is this piece larger than 4' or heavier than 30 lbs?
#4 Title of Artwork:		
Description:		
Artwork Type/Medium:	Value of Artwork \$	Is this piece larger than 4' or heavier than 30 lbs?

Please include any relevant notes and comments relating to artwork here:

ARTIST AUTHORIZATION:

I attest that I am the sole creator and sole owner of the artwork described above. I authorize Healing Through Expressive Arts and Therapeutic Oasis of the Palm Beaches to display and sell my artwork at the **HEArt Show on February 5th, 2016**. I understand that **100%** of the money collected will be donated to the 2016 HEArt Show benefitting Louis and Anne Green Memory and Wellness Center of the Christine E. Lynn College of Nursing at FAU. I agree that any unsold artwork that is not claimed by February 20, 2016 will become the property of Healing Through Expressive Arts and Therapeutic Oasis of the Palm Beaches.

Artist Signature

Date
