

EXHIBITION ENTRY FORM



HII GIT TO DE 20011111	tou ny monday 24th Schteinner Zolo
	Like us on Facebook to keep up to date with news and events!
Entrant details	
Name: Email address:	Contact Number:
Which category best suits you?	
Child 12 years and under	Young person 13 - 17 years
Young adult 18 - 25 years	Adult 26+ years
Group / Collective submission:	
Artwork details	
Title: Mediums used:	
Artist statement:	
	your artwork and how creativity benefits your mental health experiences.
Can we showcase your statement ne	ext to your artwork? Yes No

Would you like your ar	twork to be available for sale through t	the exhibition? Yes No
,	our contact details to interested partie will not be involved in the selling of arty	es. Transactions will be arranged by the work(s).
Sale price: \$	Contact phone:	OR Same as listed above
Would you like to be i	nvolved in the event?	
If you would like to vol	unteer your time to help with small tas	sks during the exhibition, please indicate
how you would like to	help:	
Set-up of art disp	lay (e.g. hanging art).	
Be available to spe	eak to the public at the exhibition.	
Provide entertains Please Specify:	ment; music; movements; storytelling, o	etc.
Terms and Conditions		
• Entry is FREE.		
 Entry is open to the pul 	lived experience, carers and significant others)	near from people affected by mental health (this
'	ginal work submitted by the entrant.	
 Hanging – most art wor 	to not accept any entries that are not suitable ks will be hung on display boards, please keep to will be taken for artwork before, during and aft	. ,
for loss or damage to ar		
,	be delivered to Boab Health Service Offices: 5 onday 24 September. We are open weekdays b accepted.	,
	'	ab will not be involved in the transaction of selling
Friday 27 October.	vork is to be collected after the exhibition from	n Boab Health Services Office no later than
• Photography - Boab H	be donated to local charities. Health Services has the right to photograph artwind on our website and social media.	work and publish those photographs on
Agreement		
I have read and ag	greed to the above terms and conditions	ıs.
I agree that photo	os of my artwork may be taken and agre	ee that these images may be used in
<u> </u>	erials, including social media.	
☐ I hereby authorise	Boab Health Services to exhibit my su	ubmitted artwork during Mental Health Week
Signature:		Date: / 2018