2012 Dr. William M. Schiff Senior Art Contest
Entry Form for Coral Gables Resident Artists
Due August 31st

Artist Name_____ **Age** _____

Address _____ **Zip Code**_____ **Apt.#**_____

Phone _____ **Email** _____

DIVISIONS:

□ **PROFESSIONAL** (you have sold work in the category you are entering)
□ **NON-PROFESSIONAL** (you have *not* sold work in the category you are entering)

CATEGORIES:

□ **PHOTOGRAPHY**
- Photographs are not to exceed 10x12 inches in size
- Must be framed and ready for hanging with proper hardware on back

□ **PAINTING & DRAWING**
- Paintings & Drawings are not to exceed 20x24 inches in size
- Must be framed and ready for hanging with proper hardware on back

□ **"HARD CRAFTS"-** (sculpture, ceramics, woodworking)

□ **"SOFT CRAFTS"** (needlework, quilting, weaving)
- `Quilts are not exceed 39x75 inches in size (Twin Size)
- Must be ready for hanging with proper hardware on back

***Up to 2 total entries accepted per artist**. Separate entry form required for each entry.
Please mark the front and the top of artwork.
Winning artwork from any of our previous Senior Art Show are not eligible for submittal in the 2012 Art Show.

Title of piece: _____***Year completed*** _____

***Dimensions* (*including frame*)**: _____

Medium Used (i.e. Acrylic, watercolor, etc.): _____

Brief Description of Piece: _____

_____

Insurance: The City of Coral Gables is unable to provide insurance coverage of submitted artwork. If you would like insurance for your work, you will need to do so through personal insurance.

I certify that I was 55 or older at the time this work was completed and that I am a resident of Coral Gables. I will deliver my artwork in display form to the Coral Gables Museum, Wednesday, October 10th. I will pick up my art at the given date established by the committee.

Signature:_____ **Date**:_____

Artwork release: Efforts will be made to treat all artwork with respect and reasonable care. However, I release the City of Coral Gables from all claims related to my artwork while in its possession. I understand that my artwork is subject to be displayed depending on the space at the Museum.

Signature:_____ **Date**:_____

Please fax, mail or email the completed form to:

Dr. William M. Schiff Senior Art Contest
Attn: Senior Services
405 University Drive
Coral Gables, FL 33134

Fax: (305) 460-5639 **Phone:** (305) 460-5609 **Email:** lellis@coralgables.com