



SHOW US YOUR LONG ISLAND APPLICATION FORM

PLEASE ENCLOSE THE FOLLOWING:

1. Completed and signed two-sided entry form, liability waiver and notification form.
2. Self-addressed, stamped envelope
3. Entry on CD or DVD.
4. Check payable to The Art Guild for the required amount.

MAIL TO: The Art Guild, Show Us Your Long Island, 200 Port Washington Blvd., Manhasset, NY 11030

ENTRY FEES

- [] \$25.00 for two entries for The Art Guild member
- [] \$35.00 for two entries for non-member
- [] \$15.00 for two entries for high school students (14-18 yrs.)

PLEASE MAKE CHECKS PAYABLE TO THE ART GUILD
TOTAL AMOUNT OF CHECK ENCLOSED \$ _____

LIABILITY WAIVER

I (Print) _____ wish to have The Art Guild of Port Washington, Inc., ("TAG") consider my artwork for exhibition as indicated in this Registration Form, and I acknowledge that TAG has the right, in its sole discretion, to choose the artwork to be exhibited. I also acknowledge that unrelated business or other activities may or will take place at the exhibition location during the exhibition and I assume any risk associated with such activities. I further acknowledge that I have been notified that I should carry my own insurance to be protected against loss, theft or damage to my artwork. I finally understand and agree that the following waiver, release and hold harmless agreement is binding on my heirs, assigns and legal representatives.

In exchange for TAG's consideration of my artwork, I agree to assume all risks of copying, theft, loss or damage to my artwork in connection with TAG's decision to exhibit or not exhibit my artwork or in connection with the exhibition of my artwork, for the duration of the exhibition from and including delivery to TAG, through and including pickup, and knowingly and intentionally release, discharge, hold harmless, and agree not to sue TAG, its officers, directors, members, committee personnel, agents or owners and/or lessees of the premises where the exhibition is held ("Released Persons") from any claim, that I may have or acquire in the future, arising out of my submission of artwork to TAG for its consideration for exhibition, for TAG's exhibition of my artwork, or while it or I am on the premises where the exhibition is held, for, including but not limited to, copying, theft, loss, or damage to my artwork, personal injury, or death, whether caused intentionally or arising from the negligence of any Released Person, of any other person or any other cause, to the maximum extent permitted by applicable law.

Whether or not any artwork submitted by me is chosen for exhibition, I consent to The Art Guild's use of any artwork I submit (or an image representing such artwork) in connection with TAG's communications to prospective members, members and the public.

I have carefully read this waiver, release and hold harmless and fully understand its contents and agree and voluntarily sign below.

SIGNATURE OF ARTIST _____ DATE _____

If the person whose signature appears above is under 18 years old, his / her parent or legal guardian must complete the following:

I (Print) _____ am the parent or of legal guardian for the person whose signature appears above, and on his / her behalf, join in the above waiver, release and hold harmless.

I have carefully read this waiver, release and hold harmless and fully understand its contents and agree and voluntarily sign below.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____



THE ART GUILD OF PORT WASHINGTON, INC. • 200 PORT WASHINGTON BLVD., MANHASSET, NY 11030

The Art Guild of Port Washington, Inc., is a 501(c)3 nonprofit organization providing encouragement, education and a forum for the appreciation of the visual arts. For more information visit www.TheArtGuild.org



SHOW US YOUR LONG ISLAND JURIED PHOTOGRAPHY COMPETITION

ON VIEW: SEPTEMBER 18 - OCTOBER 17



SHOW US YOUR LONG ISLAND

JURIED PHOTOGRAPHY COMPETITION

ON VIEW: SEPTEMBER 18 - OCTOBER 17

APPLICATION DEADLINE: SEPTEMBER 1, 2010

THE ART GUILD • ELDERFIELDS PRESERVE
200 PORT WASHINGTON BLVD., MANHASSET, NY 11030
516.304.5797 • WWW.THEARTGUILD.ORG



SHOW US YOUR LONG ISLAND

JURIED PHOTOGRAPHY COMPETITION

ON VIEW: SEPTEMBER 18 - OCTOBER 17

CALL FOR ENTRIES: The Art Guild invites all artists, 18 years and older (high school students ages 14-18 years may enter in the student category), to submit photographic works for consideration for "Show Us Your Long Island", a Juried Photography Competition and Exhibition. Give us your favorite spot, your favorite scene, a memory that speaks of your Long Island experience. Works to be included in this exhibition must be available September 15 through October 17.

JUROR: Internationally published photographer, Rob Goldman, whose fine art, advertising and portraiture work has been celebrated in both gallery exhibitions and in national magazines such as *Cosmopolitan*, *Time*, *Brides* and *Mademoiselle*. www.rgoldman.com

AWARDS: 1st Place - \$300, 2nd Place - \$200, 3rd Place - \$100. Honorable Mention certificates will also be awarded.

ENTRY FEE:

\$25.00 for two entries for The Art Guild member
 \$35.00 for two entries for non-member
 \$15.00 for two entries for high school students (14-18 yrs.)

ELIGIBLE ENTRIES: Submission of up to TWO photographs as digital images can be submitted for consideration.

Include name, address, phone number, email address, title of piece, dimensions, and CD/DVD.

Files should be in JPEG format, maximum dimensions of 1200 pixels, maximum 2 MB file size.

Label files as follows: artist's last name_first name_title_Entry # (example: smith_john_beachsunset_1.jpeg).

Entries will not be returned. **Postmarked Deadline September 1, 2010.**

SIZE: Photographs can be no larger than 36"H by 36"W including frame.

FINALISTS: The Art Guild has the right, in its sole discretion, to choose which eligible entries will be accepted to be exhibited. All decisions are final. Artists whose work has been selected for inclusion in this juried competition and exhibition will be notified by September 8, 2010. **Accepted artwork must be suitably framed, wired for hanging and labeled on the reverse with title, artist's name and phone number.** Work can be hand delivered during drop-off times. If shipping is necessary, please contact Woochul Kim at the UPS Store in Manhasset at 516-869-0124 to arrange shipping, repacking and return shipping. We ask that you provide a typed bio or artist statement, printed on one side of an 8.5 x 11 sheet of white paper.

SALES: Artwork may be sold directly by the artist with a suggested donation of 20% of the selling price from the artist to The Art Guild. Note, however, that sales may not be made at the exhibition. All work must remain on view for the duration of the exhibit.

LIABILITY & INSURANCE: The Liability Waiver on the entry form must be signed by the artist submitting images for consideration. It is the responsibility of the participating artist to insure or self-insure any work submitted for inclusion in this exhibit.

QUESTIONS: Contact Exhibit Co-Chairs Andy Hollander at andytaxman@aol.com or Susan Tiffen at 516-680-2711 or susantiffen@hotmail.com. When emailing, please put "Show Us Your Long Island" in the subject line.

CALENDAR:

- SEPTEMBER 1 Postmark Entry Deadline
- SEPTEMBER 8 Acceptance Notification
- SEPTEMBER 14 12:00-2:00pm or SEPTEMBER 15 4:00-6:00pm
Drop off. Entries can be hand delivered to The Gallery at Elderfields at these times
- SEPTEMBER 15 Shipment Arrival Deadline
- SEPTEMBER 19 3:00-5:00pm
 Artists' Reception and Awards Ceremony
- OCTOBER 17 5:00-6:00pm or OCTOBER 18 6:00-8:00pm
Pick up. Work must be picked up at these times or artist must make return shipping arrangements



SHOW US YOUR LONG ISLAND APPLICATION FORM

ARTIST INFORMATION PLEASE PRINT CLEARLY

Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____
 Evening/Cell Phone _____
 E-mail _____

ENTRY LIST

1 Title _____
 Medium _____
 Size _____ Height _____ Width _____ Depth _____
 Value _____ [] Not For Sale

2 Title _____
 Medium _____
 Size _____ Height _____ Width _____ Depth _____
 Value _____ [] Not For Sale

THE FORM BELOW MUST BE INCLUDED WITH A SELF-ADDRESSED, STAMPED ENVELOPE FOR CONSIDERATION!



SHOW US YOUR LONG ISLAND NOTIFICATION FORM

ARTIST INFORMATION PLEASE PRINT CLEARLY

Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____
 Evening/Cell Phone _____
 E-mail _____

ENTRY LIST

1 Title _____	TO BE CHECKED BY THE ART GUILD AFTER JURYING
	[] Accepted
	[] Declined
2 Title _____	[] Accepted
	[] Declined

MAIL ENTRY TO: THE ART GUILD, SHOW US YOUR LONG ISLAND, 200 PORT WASHINGTON BLVD., MANHASSET, NY 11030