

CLINIC/PROGRAM NAME & LOCATION: _____

JOHN J. BENJIT BEHAVIORAL HEALTH ARTS FESTIVAL MAY 13, 2025

REG# _____

ART REGISTRATION FORM

All blank spaces above and below dotted line must be filled out ... duplicating information is needed. Each piece of art must have its own form fully filled out and attached to the art. (Creative Writing entries submitted by e-mail do not require this form.) Please mark all boxes below that apply.

Art Title: _____

Artist's Name: _____

Approx Size of Art: _____ Email: _____

CATEGORY: Acrylics Ceramics Diorama Jewelry Multi-Media Needlecraft Oil Painting
 Oil Pastels Sculpture Pen/Pencil/Markers Photography Watercolors Other _____

Youth(Age 15 & Under) TAY(Age 16 - 25) Adults(Age 26& Up) Mature Adults (60+) Group MH Staff
 Community Artist Family Member of _____

Is this piece of artwork For Sale at the Art Show? No Yes Sale Price \$ _____

Attention Staff -- This portion of the form must stay attached to the art piece even when sold.



Do not cut this form. Please fill in the repeated blanks above and below the dotted line.

REG# _____

Art Title: _____

Artist's Name: _____

Email: _____ Phone: _____

Address(optional): _____

CATEGORY: Acrylics Ceramics Diorama Jewelry Multi-Media Needlecraft Oil Painting
 Oil Pastels Sculpture Pen/Pencil/Markers Photography Watercolors Other _____

Youth(Age 15 & Under) TAY(Age 16 - 25) Adults(Age 26& Up) Mature Adults (60+) Group MH Staff
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Is this piece of artwork For Sale at the Art Show? No Yes Sale Price \$ _____

If you will not attend the Art Show you must have a representative assigned to receive any awards and handle selling your art (if you are selling) and collect and bring your art back to you after the show is over. Please note that Awards will not be mailed.

Artist's Rep Name & Relationship: _____

Representative's Cell Phone# and Email _____

Exhibitor/Contest Rules: Artists Please bring your art (maximum 5 pieces per category) to Mary Carpio or Denise Morgan at the Indio Oasis Adult or Children's Clinic 47-825 Oasis Street, Indio, 92201, **May 5 -7** between 8AM and 4:30PM. **All Artwork MUST be turned in by 4:30PM May 7**, No Exceptions. Please take back control of your artwork at the end of the Show on May 13. **Artwork sold at the Show will be Cash only, 100% of money received goes to the Artist.**

Authors e-submission to rcdbhab@gmail.com between April 1 and May 1, 2025 with subject line "Creative Writing Contest". (maximum 5 pieces) Writing Entries DO NOT need a Registration Form. Each entry must have the following information: 1) a Title, 2) your name and contact information, 3) if you are willing to be published, and 4) who will pick up any awards if you don't attend. (If you combine Art with Writing you must submit the Writing portion by email in order to be entered in the Writing Contest.) **In-Person Option for turning in Writing:** Turn in your written copy to Mary Carpio or Denise Morgan at the Indio Oasis Clinic, 47-825 Oasis Street, Indio, CA 92201 by Thurs May 1, 2025 with a Registration Form attached. For Questions contact Mary Carpio at 760-863-8586

--Please Do Not Cut This Label Off--

REG# _____

ART SHOW DISPLAY LABEL

_____ Art Title

PLEASE PRINT LEGIBLY IN ALL CAPS

_____ Artist Name _____ Sale Price