**SANTA RITA ART LEAGUE of GVR**

**19th ANNUAL EVA BRIGGS ABSTRACT ART COMPETITION**

**Day, Date – Day, Date, Year**

**ENTRY FORM & REQUIREMENTS**

**Entry Requirements:**

* All entrants must be **current SRAL members.**
* Each artist may enter one piece of **abstract** art.
* All submissions must be no larger than 36" X 36". The maximum dimensions of a framed piece shall not exceed 38" X 38".
* No entry may be from an earlier exhibit or workshop.
* All paintings must be original and must comply with the [**Criteria for Artwork**.](https://santaritaart.org/wp-content/uploads/2024/12/CRITERIA-FOR-ARTWORK.pdf)
* All submissions must be odor-free and dry.
* **CPAC** has restrictions on displaying materials that contain nudity, obscenity, religious symbolism and/or metaphysical symbolism.
* Submittals of sculpture, fabric art, photography, computer generated art, combines and/or assemblages, giclee printing forms, and any artwork that is not amenable to hanging on a wall are excluded from this exhibit.
* **DO NOT REMOVE PAINTINGS** without notifying a show co-chair.

SRAL/CPAC reserves the right to disqualify any entry, upon arrival, that does not meet the above requirements.

**Delivery Requirements:**

* Paintings must have the artist’s name, title of the painting, and phone number on their backs.
* The ends of the wires must be wrapped with masking tape, unless coated wire is used, to avoid injuries to the hanging crew.
* All entries must be accompanied by a bio or resume to be delivered when you bring your artwork.

**Entrant's Responsibilities:** Each person entering the exhibit will be required to sign up to monitor the exhibit, possibly twice, when there is a performance in the theater. Performances are at 3:00 PM and 7:00 PM. Please bring your calendar when you deliver your artwork to schedule your assignment.

**Sales:** All artwork must be for sale. CPAC will retain 25% of the sales and handle all of the paperwork for SRAL.

**Non-refundable Entry Fee**: $XX

**Entry Form Deadline:** Postmark or submitted on-line **no later** than day, month, day, year.

**Art Due for Hanging:** day, month, day, year from time – time AM.

**Reception date:** day, month, day, year from time – time PM.

**Art to be picked up:** day, month, day, year from time – time AM.

**Location:** recreation center

**Judge:** name and short bio/resume

**Prizes:** First Place - $500, Second Place - $300, Third Place - $200, plus three Honorable Mentions - $50/each and The People’s Choice Award - $100

**Co-Chairs:** name, phone, email address (there will either be a link or an alias email); name, email address (there will either be a link or an alias email)

Any questions regarding the exhibit or requirements should be directed to name, email address (there will either be a link or an alias email)

**19th Annual Eva Briggs Abstract Art Competition**

**Entry Form**

**Day, Date – Day, Date, Year**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Entry:**

**TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDIUM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRICE: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Note:** The Community Performance and Art Center does not provide insurance and is not responsible for the safety of your art or any damage while exhibited in the gallery or theater lobby. CPAC will do everything in its power to keep your art safe and free from any damage. If you feel that additional insurance coverage is needed, contact your insurance carrier.

**AGREEMENT:** I accept all terms and conditions of this prospectus and all the requirements for entry. I certify that this is my original work of art.

☐ I AGREE to the above terms.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give SRAL permission to use an image of my artwork entered in this exhibit in SRAL's Eblasts, website or publications.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application due with checks made out to SRAL by** day, month, day, year**. Send to:**

name

street address

Green Valley, AZ, zip code