Juried Exhibition at the Annual Donor Appreciation Reception

EXHIBIT PROSPECTUS

Exhibit Location:
Hospital for Special Care (HFSC) main campus
2150 Corbin Avenue, New Britain, CT 06053

Reception Location:
Bristol Event Center
112 Century Drive, Bristol, CT 06010

Date:
June 1, 2024 through August 2, 2024
Reception: June 26, 2024, 5:00 pm – 8:00 pm

Honorary Jurors:
Woon Choi and Dr. Adrian Chan
TBD

Entry Fees:
$30 for one piece
$40 for two pieces

Entry Requirements/Selection Criteria:
The purpose of the Joy of Art! exhibitions is to offer enrichment and enjoyment to the patients, visitors and staff through the visual arts. The art imagery and media should be appropriate for family viewing in public spaces with respect for cultural backgrounds and the Connecticut community.

Artists may submit up to 2 original works that are 2D rendered in the following media: oil, watercolor, pastel, acrylic, mixed media, pen and ink, drawing or graphics, and photography.

The Joy of Art! Committee reserves the right to determine the eligibility of submitted works. The following will NOT be accepted:

- Sexual Content or Nudity
- Copyright violations
- Political or religious subjects/overtones
- Sad, angry, scary or violent subjects/overtones

Your piece(s) must:
- Be securely wired for hanging. The Joy of Art! Program is NOT responsible for work that breaks or falls apart.
- Be no larger than 42 inches (including frame) tall
- Have the identification tag taped to the back of your piece(s), tags are included and the end of this document

An exhibiting artist must provide the following for consideration by Thursday, May 30, 2024:

- Photo of piece(s) (high quality JPEG accepted) emailed to: oreed@hfsc.org
- Title of work(s), media, size, price
- A short artist statement and description of piece(s)
- OPTIONAL: Include website and/or social media handles
- OPTIONAL: Any supportive photos, including but not limited to, photo of you with your piece, photo of your studio or materials used emailed to: oreed@hfsc.org

Exhibit and Reception Information:
This year’s reception will take place in-person as a part of the Hospital for Special Care Annual Donor Appreciation Reception at the Bristol Event Center. **Artists are invited to attend with guests.** Artwork will be available for in-person viewing at the reception.

Following the reception, the **exhibit will be available for viewing and purchasing online.** The pieces will hang at the Hospital for Special Care to be appreciated by staff, volunteers, patients and visitors for the remainder of the exhibition.

**Entry Fee:**
Artists may enter submission ONLINE by Thursday, May 30, 2024 at: [https://joyofart.givesmart.com](https://joyofart.givesmart.com)
Photos of piece(s) and any supportive photos may be emailed to: oreed@hfsc.org
$30 for one submission, $40 for two submissions.
*If you prefer to submit and pay via check upon drop-off, please make checks payable to: Hospital for Special Care, memo line: Joy of Art!*

**Awards:**
Awards will be given.
*Honorable Mentions may also be awarded at the discretion of the Jurors.*
Awards will be mailed to the winners following the reception.

**Artwork Drop-Off and Pick-Up:**
**Drop Off:** Friday, May 31, 2024 from 4:00 pm – 7:00 pm at the Hospital for Special Care Aquatic & Fitness Center. All submission information stated above, must be submitted online prior to dropping off your piece(s).

**PICK-UP:** Friday, August 2, 2024 from 4:00 pm - 7:00 pm at the Aquatic & Fitness Center. Works not picked up within 30 days will become property of the Joy of Art! program at Hospital for Special Care. Works may not be removed until the conclusion of the exhibition.

**Sale of Artwork:**
The hospital will deduct a commission of 25% for artwork sold in the exhibition. All proceeds support the Joy of Art! program at Hospital for Special Care. All inquiries will be directed to the hospital for all sales, the artist will receive payment and a list of items sold at the conclusion of the exhibit. Work does not need to be for sale to be eligible for acceptance.

You may also sell prints of your work. Please provide size and cost information with submission. The hospital will deduct commission on all sales made during the exhibit.

**Liability:**
HFSC will not be responsible for any damage or claims whatsoever before, during or after the exhibition. Artist understands that all submitted works may be photographed for publicity purposes. Joy of Art! Exhibitions are an extension of the mission of Center of Special Care, Inc. and its affiliates. Remember that your works are displayed in a hospital. We are not a museum, nor an art gallery. The Joy of Art! Committee reserves the right to accept, or reject, submitted works. Artists further acknowledge they have been advised that they should obtain their own insurance, insuring such works of art as they see fit.

**Contact:**
Hollie Randall, [hrandall@hfsc.org](mailto:hrandall@hfsc.org), 860-827-4758   Olivia Reed, [oreed@hfsc.org](mailto:oreed@hfsc.org), 860-827-4774
Juried Exhibition

SUBMISSION FORM

Name: ____________________________________    Address: ___________________________________________

Phone:  ___________________________________    Email: ________________________________________ _____

Title: _____________________________________    Title 2: ___________________________________________

Size: _____________________________________    Size 2: ___________________________________________

The hospital will not be responsible for any damage whatsoever, before, during or after the exhibition. No works will be released without a signed receipt or proper identification. I understand that all submitted works may be photographed for publicity purposes. Joy of Art! Exhibitions are an extension of the mission of Center of Special Care, Inc. and its affiliates. Please remember that your works are displayed in a hospital. We are not a museum, nor an art gallery. The Joy of Art! Committee reserves the right to accept, or reject, submitted works.

☐ For Sale $_________ Piece 1 $_________ Piece 2 ☐ Prints Available $_________ Print Value ☐ Not for Sale

Are you a new or returning artist?

☐ New Artist    ☐ Returning Artist

How did you hear about Hospital for Special Care’s Joy of Art! program?

☐ Email    ☐ Website    ☐ Social media    ☐ Personal referral or art group    ☐ Other ________________________

Signature: ____________________________________________________________________
Art Tags

Please CUT OUT and PLACE tags on back right corner of each piece.

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