

## 2019 Inspire Your **Heart** with Art Calendar Contest



### ATTENTION ACTIVITY DIRECTORS!

Do you have artists who reside in your facility?

Each one of our member facilities is home to a unique group of individuals with varied skills and talents. Through the “Inspire Your Heart with Art” calendar contest, we recognize those residents gifted with artistic talent who can turn a plain piece of paper or canvas into an expression of their own personalities and dreams. These works of art can bring joy, reflection, peace and hope to others.

The 2019 “Inspire Your Heart with Art” calendar contest is now open! We would like to invite all our member facilities to submit original pieces of art work created by your current residents. The submitted artwork will be displayed at the 70<sup>th</sup> Annual Convention & Trade Show, August 26-29, 2018, held at the Branson Convention Center in Branson, Missouri. All attendees of the convention will have a chance to browse through the artwork submitted and vote on their favorites. The top 13 pieces will be featured in the 2019 “Inspire Your Heart with Art” calendar. The participants whose artwork was selected will receive one (1) calendar free. The calendars will be available to purchase starting in October.

New this year, we do ask that the original piece of art be submitted if possible. We take great care to safeguard each piece and the art will be returned to the residents. For each submission, please fill out the form located in this packet. Submissions must be received no later than July 30, 2018. Please review the contest rules and requirements on the following page for full details.

We hope everyone will participate in this fun contest. It’s a wonderful opportunity to showcase the unique talents of your residents. Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Teresa Baysinger". The script is fluid and cursive, with the first name "Teresa" and last name "Baysinger" clearly legible.

Teresa Baysinger  
Director of Administration & Communications

## MHCA's "Inspire Your Heart with Art" Calendar Contest

### Competition Rules & Requirements

*Please read these rules and requirements very carefully. Please understand that they are in place to allow for a "level playing field" and appropriate display for fellow member judging.*

1. Each artist must be a resident of a Missouri Health Care Association member facility at the time of submission. The artwork must have been created while the artist was a resident in the facility and must have been created in the last five (5) years.
2. Only one (1) entry per artist will be accepted. But there is no limitation on the number of artists per facility.
3. Entries must be either a drawing, sketch, or a painting, in either black and white or in color, or another type of original creation on a flat piece of paper or canvas. Mediums may include water color, paints, charcoal, pastels, colored pencil, pencil, crayon, marker and ink. For non-convention mediums, please contact [teresa@mohealthcare.com](mailto:teresa@mohealthcare.com) for approval.
4. All art submitted must be original and be the artist's original creation and idea. The design may not be a copy, duplicate or replication of any previously published art, including photographs. Mechanical or electronically-generated artwork is not eligible for entry. The artist's signature on the entry form is an acknowledgement of the originality of the artwork as well as permission for display and use of the piece.
5. **Entries must be mounted on a rigid backing (one that does not bend in any way) that does not extend beyond the boundaries of the work**, and may be no larger than 20" x 20", and **should not be matted or framed** or have a protective covering attached (fixative spray is permitted and, in fact, is encouraged for pastel drawings).
6. A completed entry and biographical form must accompany each entry. Please print legibly or type to fill in all required information. Three original signatures are required as well. Please be sure all information, including all required signatures, are on the form prior to submission. The entry form and biographical form must be in an envelope that is firmly attached to the back of the artwork.
7. A clear and sharp digital head and shoulders photograph of the artist taken in front of a plain background must be e-mailed to [teresa@mohealthcare.com](mailto:teresa@mohealthcare.com) prior to the program deadline. Please reference "Heart with Art Calendar" in the subject line and the artists name and full name of the facility in the body of the email.
8. Return of artwork: If a staff member of a facility whose resident(s) submitted artwork is present at the 70<sup>th</sup> Annual Convention, the staff member may pick up the artwork following the Member Gala on Tuesday evening, August 28, or on Wednesday morning, August 29. If not, the artwork will be mailed back to the resident within the first two weeks of September.

#### JUDGING:

Attendees at the 70<sup>th</sup> Annual Convention & Trade Show will be the judges. Each attendee will have an opportunity at Convention to vote for their favorite pieces. Artwork will be numbered and will have an explanation of the medium used. **No facility name, resident name, district, etc. will be displayed to ensure fairness.**

#### OTHER INFORMATION:

MHCA is not responsible for loss or damage to the entries. MHCA reserves the right to authorize the reproduction of all entries in any form and to photograph the winning entries without compensation to the artist. MHCA has the right to use the winners' names for promotional purposes without compensation to the artist.

#### DEADLINE:

All entries must be received by MHCA no later than July 30. *Entries that do not meet the guidelines and/or are not received by the deadline of July 30 cannot be considered.*

Mail entries to: Teresa Baysinger, MHCA; 236 Metro Drive; Jefferson City, MO 65109

Questions: Call 573-893-2060 or email [teresa@mohealthcare.com](mailto:teresa@mohealthcare.com).



Missouri Health Care Association

## Inspire Your **Heart** with Art - Calendar Contest

### ENTRY FORM

This form **MUST** be completed, signed, and sent in with each artwork submitted.

Name of Resident: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Medium(s) Used: \_\_\_\_\_ Year Created: \_\_\_\_\_

Name of Facility (*no acronyms or abbreviations*): \_\_\_\_\_

Address (*physical and mailing, if different*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Administrator: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Activity Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CONSENT & CERTIFICATION OF ORIGINALITY

By submitting this form, I certify that I am in compliance with all the listed rules and requirements of the “Inspire Your Heart with Art” contest. I hereby grant the Missouri Health Care Association permission to use my artwork, my photo, my name, and my biographical information for reproduction and promotional purposes and/or to display my artwork and my photo without compensation. I understand that my artwork may be exhibited at various venues and may be released for use by media outlets, including television, newspaper, magazine and/or internet. I hereby certify that my entry is my **ORIGINAL WORK** and **IDEA** and is not a copy, duplicate or replication of any published art or any other materials protected by copyright laws. I understand that MHCA will not be responsible for loss of, or damage to, the entry.

#### ***Required Signatures:***

Resident's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident's Printed Name: \_\_\_\_\_

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Printed Name: \_\_\_\_\_

Activity Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Director's Printed Name: \_\_\_\_\_

## ARTIST BIOGRAPHICAL INFORMATION

In no more than 100 words, please provide in the space below information about the artist including, if desired, information about the piece of artwork submitted:

## FACILITY INFORMATION

In no more than 50 words, please provide in the space below information about your facility:

Please remember to send a clear and sharp digital head and shoulder photo of the artist to [teresa@mohealthcare.com](mailto:teresa@mohealthcare.com) prior to July 30, 2018. Reference "Heart with Art" in the subject line and the artist's name and facility in the body of the email.

***Have you complied with all requirements? Don't disappoint your artists...please complete this checklist:***

- ☐ Artwork is original and was created while the artist was a resident in your facility and within the last 5 years.
- ☐ Artwork is mounted on RIGID (will not bend) backing that does not extend past its boundaries.
- ☐ Artwork when mounted is no larger than 20" x 20", is not matted or framed and has no protective covering.
- ☐ Entry form is in print or typed and contains all required signatures.
- ☐ Entry and biography forms are complete and are securely attached to the back of the entry.
- ☐ Entry will arrive at MHCA's office prior to deadline of July 30.