



Southern Coos Hospital & Health Center Quarterly Art Show

Call to Artists January 2024

STORMY WEATHER

People are drawn to the power of storms, of nature showing off its strength and unpredictability. From typhoons, tsunamis, hurricanes and tornados to gentle rains, fog, billowing dark clouds, ice storms and more, we invite you to portray stormy weather using landscapes, seascapes, sky portraits, events, or perhaps internal storms, dreams or emotions. Stormy weather can be dramatic, exciting, scary or calming. Works may be realistic or abstract, or impressions / feelings, or a combination.

The Southern Coos Hospital & Health Center will host a show of artworks relating to the theme *Stormy Weather*. This show runs January through March 24, 2024. As usual, you can be creative in your interpretation of the theme, keeping in mind that art on the hospital walls is meant to entertain and de-stress the patients, families, staff, and general visitors. It is not a venue for nudity, violence, morbidity, or as a political soapbox. Thank you for your continued positive approach to art in these shows.

Artists may enter 1-3 pieces using painting, collage, mixed media, drawing, photography or assemblage in all artistic styles: representational, abstract, impressionistic, or futuristic. All works must be able to be hung on the wall.

Southern Coos Hospital & Health Center's Art Program continues to remain free to enter. Please consider donating to the Hospital's Art Fund if you are able. For more information, please email Scott at foundation@southerncoos.org.

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| Show Calendar: | Show runs January, February, March, 2024 |
| Reception: | Sunday, January 14, 2024, 1-3 p.m. |
| Delivery of Art: | Sunday, January 7, 2024, 2-4 p.m.
Bring ready-to-hang art with your paperwork to the lobby of Southern Coos Hospital on Sunday at 2 p.m. or make alternative arrangements with show organizers. |
| Pick Up Date: | Sunday, March 24, 2024 (b/c Easter is the 31st) 2-4 p.m.
Artists, please pick up artwork on this date, during the indicated time period. Show organizers will be on site to coordinate pickup. We ask artists to please sign your work out—don't just take it.
If artists are not able to be present to pick up their work during this time, please make arrangements with the show organizers (see contact information below). |

- Location:** Southern Coos Hospital and Health Center, 900 11th Street SE, Bandon, OR 97411
- Entry Fee:** **Fee not required.** Donations are welcome to help support continuing shows. Please make checks payable to Southern Coos Hospital Foundation and bring when dropping off your artwork.
- Number of Pieces:** 1 -3 pieces per artist, each must be wired and ready to hang or matted and ready to hang.
- Artwork Notes:** Please deliver your artwork with the following information included:
- A list of your artwork(s) with your name, address, e-mail, title of piece, and price. Entry form for this info is below, or available at drop-off.
 - **AND, please make sure your name and title of the art is on the back of each piece you submit.**
 - **If work is not for sale, include a value for insurance purposes please.**

Sales Donation: At this time, the hospital does not charge a commission fee on sold paintings. However, a donation to the Foundation Art Program when there is a sale will help the program to continue.

Other Notes: We reserve the right to refuse submitted artwork due to content, presentation or space. Images may be used for advertising and promotional purposes for this show. Loss of or damage to artwork located in the hospital is at the artist's expense unless deemed covered by hospital insurance policy less deductible.

The costs of producing and hanging this show are underwritten by Southern Coos Hospital and Health Center—for the benefit of the Bandon and surrounding communities: patients and families, visitors, staff, and the public.

Please contact show organizers with questions: Ava Richey 541-297-6118 or Susan Lehman at 541-347-9888.



Winter Show 2024: Stormy Weather

Entry Form: (Please fill in completely and print clearly)

Name: _____

Address: _____ City/Zip _____

Phone: _____ Email: _____ Website: _____

1. Title: _____

Medium: _____ Price _____ Size _____

Insurance value if painting is not for sale _____ Is Painting for Sale? YES/NO

If sold, would you like to donate a percentage to the Foundation Art Show Fund? YES/NO

If yes, what percentage or how much? _____

2. Title: _____

Medium: _____ Price _____ Size _____

Insurance value if painting is not for sale _____ Is Painting for Sale? YES/NO

If sold, would you like to donate a percentage to the Foundation Art Show Fund? YES/NO

If yes, how much? _____

3. Title: _____

Medium: _____ Price _____ Size _____

Insurance value if painting is not for sale _____ Is Painting for Sale? YES/NO

If sold, would you like to donate a percentage to the Foundation Art Show Fund? YES/NO

If yes, what percentage or how much? _____

****Please be sure your artwork has your name, title, and contact number attached to the back.

Sign here to indicate that you have read, understand and agree to the guidelines in the Call to Artists.

Artist signature: _____ Date: _____

_____ of pieces checked in by curator.

_____ of pieces checked out at close of show.

Title of art sold in this show: _____ Picked up by: _____