



Southern Coos Hospital & Health Center Quarterly Art Show

Call to Artists July 2026

Portrait of Myself or Things I Love

Not everyone likes to portray themselves in a self-portrait. However each piece of art we create contains a part of the artist's personality, vision and style. The subjects we choose, the visual stories we tell, and the way we present them contain glimpses of the artist.

We invite you to collectively fill the walls with works that represent traditional self-portraits, or portraits of a thing, person, animal or pet, your favorite flower, tree, mountain, car, vase, coffee mug, food, iconic rock, comfortable shoes, place to relax, etc.

The Southern Coos Hospital & Health Center will host *Portrait of Myself or Things I Love, Monday, July 6th through Saturday, September 27, 2026.* 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 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. **Please try to bring work that hasn't hung in the Hospital Shows before.**

The Southern Coos Health Foundation Arts Program continues to remain free to enter. Please consider donating to the Art Program if you are able. For more information, please email Amy Moss-Strong at AMossStrong@southerncoos.org.

Show Calendar: Show runs Monday, July 6th through Saturday, September 27, 2026

Reception: Sunday, July 12, 2026, 2 - 4 p.m.

Delivery of Art: Sunday, July 5th, 2026, 2 - 4 p.m. (Please try to bring before 3 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, September 27, 2026, 2-4 p.m.

Location: Southern Coos Hospital & Health Center, 900 11th St. SE, Bandon, OR

Entry Fee: Fee not required. Donations are welcome to help support continuing shows. Please make checks payable to the Southern Coos Health Foundation and bring when dropping off your artwork.

Number of Pieces: **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, email, 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 Southern Coos Health Foundation's Arts 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 the hospital's insurance policy, less deductible.

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

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



Portrait of Myself or Things I Love

July – September 2026

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

Name: _____

Address: _____ City/Zip _____

Phone: _____ Email: _____

1. Title: _____

Medium: _____ Price _____ Size _____

Insurance value if art is not for sale _____ Is Art 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 dollar amount? _____

2. Title: _____

Medium: _____ Price _____ Size _____

Insurance value if art is not for sale _____ Is Art 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 dollar amount? _____

3. Title: _____

Medium: _____ Price _____ Size _____

Insurance value if art is not for sale _____ Is Art 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 dollar amount? _____

****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: _____