

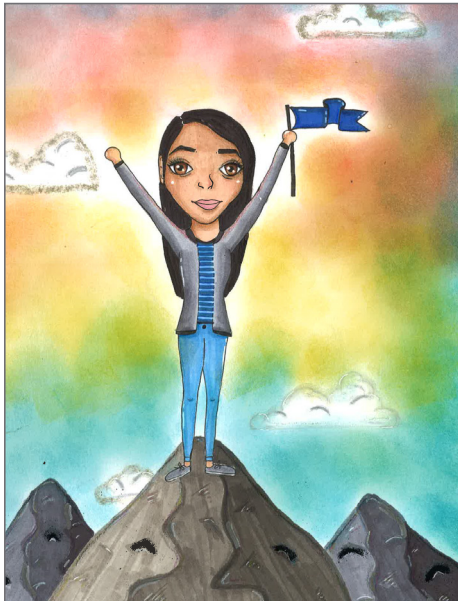


# Atlantic Health System “Creative Expressions” Healing Arts Calendar Art Contest 2018

We are looking for  
young artists to share,  
**What Makes You: “YOU?”**  
with Atlantic Health System.

Sponsored by:

- › Goryeb Children’s Hospital
- › Pediatric Behavioral Medicine
- › Atlantic Health Healing Arts Program
- › Farris Family Center for Advanced Medicine in Pediatrics (CAMP)



Courage  
Amia R., Age 15

**Who & What:** Are you a child or teenager between the ages of 4 and 18? Do you have a chronic illness or experience chronic pain? If so, here is an ideal way for you to express your creative side. Enter your original artwork in the 2018 “Creative Expressions” Healing Arts Calendar Contest.

**How:** Take out your favorite crayons, markers, paints, pastels, pencils, collage materials and whatever else helps you to “express” yourself through art and simply begin. Submit work up to 11” x 14” in size. Submit entry form along with your bio and artwork.

**Theme:** Chronic illness is a part of your life but it is not who you are. **What Makes You, “YOU?”** Express the different sides of you. For example, your personal, academic, social, spiritual, emotional, cultural and physical world.

YOU DON’T NEED TO BE AN  
ACCOMPLISHED ARTIST TO ENTER OR  
HAVE YOUR PIECE CHOSEN.

**ALL PROJECTS MUST BE SUBMITTED BY  
October 1, 2017.**

A panel of health professionals will review entries, based on visual interest and creative expression. Twelve works of art will be selected for inclusion in the calendar. All chosen artists will receive a complimentary calendar.

EVERY PARTICIPANT WILL RECEIVE A CERTIFICATE OF PARTICIPATION.

Cover winner will receive gift card to an art supply store.

**QUESTIONS:** Please contact Stacy Alper, LCSW Pediatric Behavioral Medicine at 973-971-5785 for further information or with questions you may have.

## ENTRY FORM

ARTIST’S NAME:

ARTIST’S ADDRESS:

ARTIST’S TELEPHONE NUMBER:

ARTIST’S AGE and EMAIL:

TITLE OF ART SUBMITTED:

**PARENT’S AGREEMENT FOR MINOR CHILD  
TO SUBMIT ARTWORK**

PARENT’S NAME:

PARENT’S SIGNATURE:

PARENT’S EMAIL:

**MANDATORY CONSENT:**

**Please answer the following questions by circling your response:**

Permission to use your child’s name in the Calendar is NOT required for your son or daughter’s artwork to be selected.

I agree for my child’s first and last name to be on his/her artwork. **YES NO**

I agree for my child’s first name and last initial only to be on his/her artwork. **YES NO**

I do not want my child’s name on any of the artwork he/she submits. **YES NO**