

# Whitesboro Community Art Show



March 5-7, 2010

**Site:** Jimmie O. Rector  
Community Center  
400 Wilson Street  
Whitesboro, TX 76273

**Times:**  
Friday, March 5, 7 to 8:30 PM  
Saturday, March 6, 12 to 5 PM  
Sunday, March 7, 2 to 5 PM

**Registration Deadline:**  
5 PM on Monday, March 1

**Registration is FREE!**

**Artist Reception:**  
Friday, March 5, 7:00-8:30 PM  
*The Whitesboro History Club will host a reception to meet the artists.*

**Categories:**  
Drawing/painting,  
Ceramic/sculpture (3D),  
Photography

**\*This event sponsored by the Whitesboro Parks and Recreation Department and co-sponsored by the Whitesboro History Club.**

## Guidelines

- \*Maximum size: 30" x 40"  
25 lbs (for 3D)
- \*No crafts
- \*No sales
- \*All works must be framed or gallery wrapped and **ready-to-hang** with wire (no teeth).
- \*No nudes
- \*No politically-themed or anti-religious works or anything that could be deemed as offensive
- \*Organizers have the right to refuse the display of any work they consider to be offensive.
- \*Entries will be **dropped off** at the Community Center on Wednesday, 9 AM to 8 PM or Thursday, 9 to noon.
- \*Entries should be **picked up** on Sunday after the show's closing or on Monday between 9 AM and 7 PM. Any work left will be disposed of after Friday, March 12.
- \*Where possible, work will be displayed according to the following: children 5-12 yrs, teens 13-19 yrs, and adults 20 & older.

## Waiver of Liability

I hereby waive and agree to hold harmless the City of Whitesboro, the organizers, and volunteers of the Whitesboro Community Art Show. I accept the risk of entering my work in the display and understand that the above-mentioned are not responsible should my work be damaged in any way. I give my permission to allow the use of copyrighted material and images on printed brochures, flyers and on websites.

## Registration

Name\_\_\_\_\_

\_\_\_\_\_

Age\_\_\_\_\_

Title of Work\_\_\_\_\_

\_\_\_\_\_

Medium\_\_\_\_\_

Size\_\_\_\_\_

Category\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Hm Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Email\_\_\_\_\_

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Signature of agreement to stated liability waiver:

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Return form to PARD at 400 Wilson