

## **THROUGH YOUNG EYES 2019**

**Delivery of Art: Monday, February 11, 2 pm – 5 pm &  
Sunday, February 17, 1 pm – 4:00 pm**

**Install:** February 19, 2019

**Exhibition Dates:** February 21 – March 21, 2019

**Closing Reception: Thursday, March 21<sup>st</sup> – 5:30 – 7:00pm**

**Pickup of Art: After the Reception, March 21<sup>st</sup>  
or by special arrangement.**

### **PLEASE READ CAREFULLY**

1. **A Maximum of 3 pieces** of student art from each teacher, **NOT** from each class, plus one artwork from the instructor (optional and space permitting). You are the curator...we want this to be an exhibition of quality not quantity.
2. Artwork should be properly framed and ready to hang with wire. Works that are on paper and matted must have plastic adhesive hangers on the back. **NO taped-on wire or fishing line**, as this type of support is not secure and items fall off the wall. 3-D items will be set on pedestals (museum provides), secured in a display case (museum provides), or free standing.

All wall hanging ceramic items must have a good hanging system; you are responsible for the security of your student's artwork. Students should be shown / taught how to properly display their work in a safe manner.

3. Deliveries of artwork are to the CCMoA's Weny Art Center.  
**Monday, February 11, 2 – 5 pm & Sunday, February 17, 1 – 4 pm**

**NOTE: Each piece of artwork must have an attached identification label.  
See Page 2.**

**Also, please submit an artwork checklist to create labels from. See Page 3.**

## ARTWORK LABELS

These are to be filled out, cut and attached to each piece of art. *PLEASE PRINT*

NAME OF STUDENT: \_\_\_\_\_

TITLE OF WORK: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

TITLE OF WORK: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

TITLE OF WORK: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

YOUR NAME (CCIAEA MEMBER): \_\_\_\_\_

TITLE OF WORK: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADES YOU TEACH: \_\_\_\_\_

# CHECKLIST

# PLEASE PRINT

To be submitted by each teacher; upon delivery of art. This information is used for us to make wall labels. And to keep a record of items entering in the exhibition.

1. NAME OF STUDENT: \_\_\_\_\_

TITLE OF WORK: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

2. NAME OF STUDENT: \_\_\_\_\_

TITLE OF WORK: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

3. NAME OF STUDENT: \_\_\_\_\_

TITLE OF WORK: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

CCIAEA TEACHER'S Submission

4. NAME : \_\_\_\_\_

TITLE OF WORK: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADES YOU TEACH: \_\_\_\_\_