

Please complete the inventory sheet and include it with your work.



Art Slam 2017 Inventory Sheet

Please complete the information below. Include this inventory sheet with your work. Contact a designated drop-off person, who will deliver the artwork to The Legislative Office Building. You are responsible for delivering all artwork to drop off sites **April March 27-30, 2017**. Artwork pickup is **April 17-21, 2017** from drop off sites. ***Do Not Deliver to the LOB except during the hanging times. There is no one to receive your artwork.***

School: _____

Teacher: _____

School Address: _____

School E-mail: _____

Home E-mail: _____

School Phone: _____ Cell Phone: _____

| | Student Artist Name | Medium | Title |
|----|---------------------|--------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

Artwork Drop Off: March 27-30, 2017

After the exhibit, please promptly pick up your work from the same location.

Michael Earley: Cheshire High School
525 South Main St., Cheshire, CT 06410
203-250-2511
mearley@cheshire.k12.ct.us

Andrea Haas: Wethersfield High School
411 Wolcott Hill Rd., Wethersfield, CT 06109
860-571-8200 ext. 645
ahaas@wethersfield.me

Suzanne Dionne: Rotella Interdistrict Magnet School
380 Pierpont Road, Waterbury CT 06705
School: 203-574-8168
sdionne@waterbury.k12.ct.us

Laurel Archambault: Henry James Memorial School
155 Firetown Rd., Simsbury CT 06070
School: 860-651-3341
larchambault@simsbury.k12.ct.us


Drop Off at Youth Art Month Celebration Strike Show
March 25, 2017 3:00 – 4:00 pm
West Woods Upper Elementary School
50 Judson Ln, Farmington, CT 06032
Contact Michael Earley with questions:
mearley@cheshire.k12.ct.us




Art Slam Exhibit 2017

Artwork must be mounted or matted on neutral board of mat board thickness. The backing must be sturdy (not bendable) due to the hanging system provided. Work cannot exceed 16" x 20" mounted. Please label work in the bottom right corner with the Art Slam Labels and include the inventory list.

Please complete and attach these labels to your work on the lower right corner of the mat or mount.

| | |
|--|--|
|  | Name: _____ |
| | Grade: _____ School: _____ |
| | Media: _____ |
| | Title: _____ |
| | Teacher: _____ |
| | Town/District: _____ |

| | |
|---|--|
|  | Name: _____ |
| | Grade: _____ School: _____ |
| | Media: _____ |
| | Title: _____ |
| | Teacher: _____ |
| | Town/District: _____ |