

AGENCY WALL

Thank you for participating in the **DELISLE YOUTH GALLERY** and contributing to our goal of increased community awareness and acceptance of youth and issues affecting youth, with the submission of youth art through your agency.

Please fill out the following:

AGENCY CONTACT INFO

1

NAME:
POSITION:
AGENCY/PROGRAM:
MAILING ADDRESS (including postal code):

PHONE:
FAX:
EMAIL:
How did you find out about us?

2

In the space provided below please write a description of your agency and/or the program represented, and if applicable the title, medium and artist name(s) as they would like to be seen on the title plate with their work. (if youth representing your agency are submitting their work individually please just include your agency description)

For example: Delisle Youth Gallery, a project of Delisle Youth Services, works with youth to...

AGENCY/PROGRAM:

ARTIST:
TITLE:
MEDIUM:



Please complete the following:

(Have each participating youth complete one of these forms. If the work is being submitted anonymously, please complete one form on the group's behalf)

Delisle Youth Gallery

Please Note that if you are younger than 16 years you need to have your parents/guardian sign the consent and release on your behalf.

CONSENT AND RELEASE

I, _____ hereby permit and authorize the
(Print Name in Full)

Delisle Youth Services to take **my photograph/video footage** and **photograph/video footage of my submitted artwork.**

I acknowledge and agree that Delisle Youth Services may publish or use the Photograph/video footage for any Delisle Youth Services purpose by any means whatsoever including, but not limited to, electronic or digital means, promotional print material such as newsletters, annual reports, brochures, for the promotions of Delisle Youth Services and Delisle Youth Gallery at events, and for the purpose of solicitation of funds and fundraising purposes.

I acknowledge that Delisle Youth Services may not be able to control the distribution or use of the Photograph/video footage by other than Delisle Youth Services representatives. I agree that this Consent and Release is given in perpetuity and for no consideration, credit, acknowledgment or financial recompense, now and in the future. I hereby hold Delisle Youth Services harmless for any claims, actions, debts, damages injuries or losses that may arise or be incurred as a result of the taking, use, publication or distribution of the Photograph/video footage.

Name: _____

Date: _____

Address: _____

Signature: _____

Telephone No.: _____



The Delisle Youth Gallery exhibits art within our office space and within the atrium space in the library next door. We are also collaborating with another agency in having a second opening following the April 3, 2008 opening at a different location. Please respond to the following.

I consent to this work being shown outside of Delisle in the library atrium space next door or elsewhere in Toronto Yes No
 I understand that Delisle Youth Services is not responsible for lost, damaged or stolen pieces.

Name (Please print) _____
 Signature _____
 Date _____



Please read and complete the following:

I, _____, will pick-up my piece by **October 31, 2008**. I understand that if I do not pick-up my piece by **October 31, 2008** Delisle Youth Services will not be held responsible.

Date _____ Signature: _____

*****Remember to mark the gallery opening date and the art pick-up deadline in your calendar and keep the next page as a reminder. Once complete please give the first 3 pages to our receptionist at the front desk.**

WE'D LIKE TO KNOW...

What did you or your agency hope to get out of having an agency wall and having your youth participate in this year's exhibit?



PLEASE COME TO DELISLE YOUTH GALLERY'S 2008 EXHIBITS

[fill in the blank]

The original work of Toronto youth artists

EXHIBIT OPENING: 5 – 8 pm Thursday, April 3, 2008

@ Delisle Youth Services, Suite 255, 40 Orchard View Blvd (2nd floor of the Northern District Library building, one block north of Eglinton, west of Yonge)

2nd EXHIBIT: 6– 8pm Friday, June 6, 2008

@ Regent Park Community Health Centre, 465 Dundas Street East
(South East corner of Dundas & Parliament)

Come represent your own work, experience the creative works of other youth artists and enjoy refreshments with family and friends!

Contact the gallery at 416-482-0081 for more info.

Bianca x 249 or Tara x 236

SAVE THE DATES:

Delisle Youth Gallery Exhibit Opening:

Thursday, April 3, 2008

Delisle Youth Gallery @ Pathways Regent Park:

Friday, June 6, 2008

Final deadline for art pick-up

Friday, October 31, 2008