



**DEADLINE OF RECEPTION OF FILES
FEBRUARY 25 2017**

“Request form of participation”

**SYMPOSIUM DE SAINTE-ROSE
27 by 30 July 2017**

Note: Please write in CAPITAL LETTER

First name: _____ Last name : _____

Complete address: _____

City _____ Prov. _____ Postal code _____

E-mail address: _____

Phone number: _____ Cell: _____

Mark the status concerning you: painter () sculptor ()

Médium(s): _____

CONDITIONS OF PARTICIPATIONS

If your application is retained, by the selection committee, the artists who join make a commitment to you to respect the following rules:

Please note: The artists who will not respect the following conditions will see their application refused for the next years.

1. No copy or reproduction of existing works will be presented during the Symposium. The artists cannot create of work from postcard or calendars.
2. The spurts or other by-products (bookmarks, calendar, etc.) will not be authorized. Only the cards of wishes will be accepted.
3. The artists must be present on the site during opening hours of four days of the event.
4. The artists make a commitment to paint or to sculpture on the spot
5. The exhibitor cannot have personal pets on their site.

Corporation Rose-Art – 216 boulevard Sainte-Rose, Laval, Québec, H7L 1L6
Téléphone/télécopieur : 450-625-7925- roseart@videotron.ca

JOIN THE FOLLOWING 5 DOCUMENTS TO YOUR REQUEST:

1. Two checks on March 1st 2017.

For Rose-Art members: \$15 not refundable (for study of file) and \$ 130 (for inscription), both in the name of **Rose-Art**. If your file is not retained, the \$130 check will have returned to you.

For the non-members : \$25 not refundable (for study of file) and \$150 (for inscription), both in the name of **Rose-Art**. If your file is not retained, the \$150 check will have returned to you.

2. The request form of participation (2 pages).

3. Four (4) photos of your recent works (4x6po. good quality) **pasted on two white sheets of 8 1/2 x11 inches;**
(Otherwise the file will be REFUSED)

Sheets must be identified on the back as well as each of your photos in order to be returned to you.

4. An artistic approach of maximum one page.

5. A pre-stamped and addressed envelope for the return of file. (Otherwise the file will not be returned)

6. No refund after April 2017.

Please note: If you wish to be grouped with some friends (maximum 3 by group), Please indicate below the name of your friends (After agreement with them). Also, please inform us if you suffer from intolerance in the sun or other.

I have taken knowledge of the above rules and I agree to conform to them if I am selected. Furthermore, I shall be present during the four days of the event in the opening hours which will be mentioned.

Signature of the artist (Mandatory)

Corporation Rose-Art – 216 boulevard Sainte-Rose, Laval, Québec, H7L 1L6
Téléphone/télécopieur : 450-625-7925- roseart@videotron.ca

Please write in capital letters

THE FOLLOWING INFORMATION WILL APPEAR
IN THE DIRECTORY OF THE ARTISTS

1. **Your name :** _____
2. **A photo of you : last name _ first name.jpg**
3. **A photo of your recent works; The most representative of your style**
(Identified name and first name of the artist)

*A color photo (digital if possible) of yourself, head only, identify with endorsement.
Those who have a digital and internet can send to Rose-Art photos in JPG format, high
resolution. It is important to name the file of your name (name_first name.jpg)*
4. **Your medium :** _____
5. **Your address e-mail :** (Optional) _____
6. **Your web site :** (optional) _____
7. **Your phone number:** (optional) _____
8. **Your city residence:** _____

**Breakfast offered by Rose-Art on Friday, July 28th at the Les Menus Plaisirs
restaurant. Please mark your answer:**

If accepted

I shall be present: _____

I shall be not present: _____

\$10 EXPENSES IF YOU CONFIRM
AND THAT YOU DO NOT APPEAR AT THE LUNCH

Corporation Rose-Art – 216 boulevard Sainte-Rose, Laval, Québec, H7L 1L6
Téléphone/télécopieur : 450-625-7925- roseart@videotron.ca