



Survivors Healing Center

A Welcoming Place for Survivors of Child Sexual Abuse and Their Supporters
2301 Mission St., Ste. C-1, Santa Cruz, CA 95060 • (831) 423-7601 • fax (831) 469-8315 • email:
info@survivorshealingcenter.org

CALL FOR ARTWORK, MUSIC, DANCE, DRAMA & POETRY

For The Fourteenth Annual ART OF HEALING

Works by adult female and male survivors of Childhood Sexual Abuse and their Allies

Expressive Arts Evening of Original Poetry, Dance, Drama and Music

Saturday, November 3rd, 2007 6:30 - 9:30 pm

Pacific Cultural Center, Santa Cruz

Artists' Reception

Sunday, November 4th, 2007 2 - 4:30 pm

UCSC Women's Center, Santa Cruz

Visual Art Exhibit October 29 - November 30, 2007

UCSC Women's Center, Santa Cruz

Call 831-459-2169 for hours

***Purpose:** The Art of Healing is a visual art exhibit and an evening of expressive arts honoring the creativity, courage, challenges and strengths of male and female survivors of child sexual abuse and their allies. An ally is defined as someone who has been connected to a survivor in a supportive manner, whether family member, friend, or healer. Amateur and professional poets, musicians, dancers, actors and visual artists are encouraged to submit works which depict aspects of the journey toward healing. Works from all stages of the healing process are requested. The presentations will bring to light survivors' experiences for the benefit of both survivors and the community at large, and will reflect a wide spectrum of experience. The process of healing takes many shapes and forms, and ranges from the telling of the unspeakable in all of its horror, to the celebration of life, love and self-acceptance. Some pieces may be very difficult to witness. The Art of Healing is not intended for nor appropriate for children.

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***General Rules of Entry:** Amateur and professional artists who are adult survivors of child sexual abuse and their allies are encouraged to submit their works. Due to space and time limitations for the event, all submitted work may not be accepted. Because of the intensity of the issues being addressed, we will include a balance of pieces reflective of the entire healing experience. Some artists may receive a request to submit a substitute piece to aid in this balance. All submitting artists will be acknowledged in the event program unless anonymity is requested.

To submit work, please completely fill out the enclosed submission form and artist release form and **return by Monday, October 1st** to Survivors Healing Center, 2301 Mission St., Suite C-1, Santa Cruz, CA 95060. Incomplete submission forms will receive less priority, so please complete them fully.

***Poetry, Dance/Movement, Drama & Music Entries:** Up to three pieces of original poetry, dance/movement or music may be submitted. The total time of your presentation is limited to 4 minutes or less, including your introduction. **Please send a copy of your poetry, a lyric sheet and cassette of your music, or a description of your dance piece along with your submission by October 1st.** Include the names of any accompanists as well. Any change or substitutions of pieces should be arranged with the coordinator no later than **October 19th.**

***Visual Art Entries:** Up to two pieces of artwork may be submitted. The **deadline for submissions is October 1st.** All artwork must be framed or mounted and prepared for hanging, and must include your full name and title of the piece on the back. Sculptures must include a stand, and as space is limited, will be accepted on a first come, first served basis. Please bring your artwork to the UCSC Women's Center on Sunday, October 28th, between 10 am and 12 noon. (Please let us know if someone else will be dropping off your art. Be sure your name and title are on the back of the artwork and the release form is signed.) **Art work is to be picked up Saturday, December 1st between 10 am and 12 noon.**

***Liability:** All reasonable precautions will be taken in handling submitted artwork. SHC and the UCSC Women's Center will assume no responsibility for loss or damage of any submitted materials. Additionally, SHC will assume no responsibility for unclaimed artwork after the pickup date of December 1. There will be a \$25 a week storage fee for any unclaimed art. Therefore it is important that you pick up your artwork on the scheduled day. The **Submission Form** and **Artist Release Form** shall constitute an agreement between SHC and the artist to these conditions.

***Invitations:** Postcard invitations and maps to the Pacific Cultural Center and the UCSC Women's Center will be mailed to you. We encourage you to send the invitations to your friends and family.

***Questions:** Please contact Survivors Healing Center at (831) 423-7601 with any questions or concerns.

Your participation is what makes the Art of Healing such a wonderful annual event! We look forward to working with you.

Please complete BOTH the Submission Form and Artist Release Form and return to Survivors Healing Center by October 1, 2007.

Submission Form

Your Info

Print Name _____

Address _____

City _____ ZIP _____

Phone _____ Message Okay? yes ___ no ___

Participating as a Survivor: Yes ___ No ___

Ally: Yes ___ No ___

Visual Art Submission #1

Medium _____

Dimensions of Art _____

Title of piece _____

Visual Art Submission #2

Medium _____

Dimensions of Art _____

Title of piece _____

****This year, during the Artists' Reception, we plan on giving visual artists an opportunity to speak briefly (up to 2 minutes) about their artwork. Would you like to participate?**

Yes ___ No ___

Artist's Signature: _____ Date: _____

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****Keep in mind that the total length of your presentation time (whether 1 or more pieces) is limited to 4 minutes or less, including your introduction.**

Poetry, Dance, Drama or Music Submission #1

Medium_____

Title of piece_____

Length of piece ____minutes.

Poetry, Dance, Drama or Music Submission #2

Medium_____

Title of piece_____

Length of piece ____minutes.

Poetry, Dance, Drama or Music Submission #3

Medium_____

Title of piece_____

Length of piece ____minutes.

Do you prefer English or Spanish materials?:

English_____ Spanish_____

Artist Release Form

I, _____ have read the following and indicate my permission by checking "yes" or "no" below (Please Print).

____Yes, I allow Survivors Healing Center to photograph &/or videotape *me* during the Art of Healing in November 2007, for the purpose of future grant proposals, publicity, educational presentations, or other similar uses as SHC deems suitable. If my likeness is used for these purposes, I **waive all rights to remuneration for the uses listed above.** For any other purposes I understand that I would be contacted for permission.

____No, I do not allow Survivors Healing Center to photograph &/or videotape *me* during the Art of Healing in November 2007 or use my likeness in any manner.

In case of use:

____Yes, I give Survivors Healing Center permission to use *my name*.

____No, I prefer to remain *anonymous*.

For Visual Artists Only:

____Yes, I allow Survivors Healing Center to photograph &/or videotape my *artwork* for the purpose of future grant proposals, publicity, educational presentations, or other similar uses as SHC deems suitable. If the likeness is used for these purposes, I **waive all rights to remuneration for the uses listed above.** For any other purposes I understand that I would be contacted for permission.

____No, I do not allow Survivors Healing Center to use a photo &/or video likeness of my *artwork* for the purpose of future grant proposals, publicity, educational presentations, or other similar uses.

***Optional:**

In order to ensure that we are pursuing the appropriate outreach, we ask for your ethnicity. This information is for the Center's use only.

Ethnicity (any and all that apply):_____

Signed:_____ **Date:**_____

We often have requests from university classes, the media, community groups, and the media for interviews and/or presentations. The subject can range from your process as an artist to your experience as a survivor. Please check the box below if you would be interested in participating. We will contact you in the future regarding your possible participation in this type of forum.

___Yes, **Contact Me** ____No, **Do Not Contact Me**