



285 N. Trade Street, Tryon, NC 28782

ART DONATION FORM
10th ANNIVERSARY POSTER CONTEST TRIFF24
Celebrate a Decade of Cinema with Your Art!

Artist Name: _____

Date of donation: _____

Street Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

The Polk County Film Initiative (PCFI) reserves the right to use the artwork listed above in manners described in the Call for Art. All acquisitions will be reviewed by the PCFI Board of Directors. At the time of donation PCFI reserves all rights, interests and title to the Artwork that shall automatically transfer to PCFI. Risk of damage or loss to the Artwork shall remain with the Artist until delivery and final acceptance of the Artwork by PCFI.

By my (our) signature below I (we) have read, understand and agree to be bound by the conditions listed on the Call for Art TRIFF24.

_____ Donor/Artist Date

_____ PCFI Representative/Date

Contact: Debra Torrence - directorpcfi@gmail.com

ARTIST AGREEMENT

I have read the above information and the guidelines in the document "CALL-TO-ARTISTS, 10TH ANNIVERSARY POSTER CONTEST #triff24" and I agree to all included terms and conditions.

Signature AND Date

Printed Name

CONTACT INFORMATION

Name	
Full Address	
Email	
Phone, <i>home & cell</i>	

ARTWORK INFORMATION

Title	
Medium	
<p>Written Statement</p> <p><u>No more than 5 sentences for use with press and outreach by PCFL.</u></p>	<p><i>Please provide a brief statement about your artwork and how the Tryon International Film Festival (TRIFF) has informed or inspired your creative process. How does your artwork capture the essence of TRIFF24 and its 10th-anniversary celebration?</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Notes or Special Instructions	