



Floyd Memorial Foundation Cross Art Contest Application

Artist Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Mobile number: _____ Alternate Phone Number: _____

E-mail address: _____ Website: _____
If applicable

____ I have attached a copy of my curriculum vitae.

Cross Art Design

Medium used: _____ Dimensions: _____

Brief explanation about the design you are submitting: _____

Briefly describe how you see your artwork impacting spiritual healing _____

Terms of Agreement

I, _____, acknowledge that I am donating a piece of my original artwork constructed for the Floyd Memorial Foundation Cross Art Contest. I agree to comply to the contest rules and furnish my design with the understanding that the general public will submit nominations for a favorite design. The winner of the Cross Art Contest will be based on the number of votes received by the Foundation. The winning design will be chosen to hang at the altar for its entirety in the newly constructed chapel at Baptist Health Floyd. All other submissions will be placed throughout the hospital with the permission of the artist. Each artist will be given a plaque that will include their name, location, a description of the cross art design, and brief information about the artist including contact information with a website, if applicable.

** Art design proposals must be submitted to the Floyd Memorial Foundation by Wednesday, July 31st at 4:30 p.m. For questions, contact the Foundation office at (812) 949-5519 or via e-mail at meredith.lambe@bhsi.com.