



GATEWAY ALUMNI ART CONTEST SUBMISSION FORM

ABOUT THE ARTIST:

Name: _____

Address: _____

Phone: _____

Email: _____

Gateway Graduation Date (Month/Year): _____

Gateway Foundation Treatment Center Affiliation: _____

Bio/Alumni story (use separate attachment if needed):

ABOUT THE ART PIECE:

Title of art piece: _____

Description of art piece/inspiration for art piece (use separate attachment if needed):

Dimensions: _____

Date submitted: _____

I agree to Gateway Foundation displaying my artwork and any information on this form at the "Connecting for Recovery" Luncheon on September 18, 2025. I acknowledge that photos taken at the event, including photos of my art, belong to Gateway Foundation. In addition, Gateway Foundation may use my artwork, photos of my artwork, and information on this form in marketing materials including, but not limited to, print and electronic media. I hereby transfer and assign to Gateway Foundation my entire right, title, and interest, if any, in and to the art piece. I acknowledge and agree that I will not receive any compensation now, nor have any claim to future compensation, benefits, rights or royalties

Signature: _____