

**Prospectus**  
***“The Day I Will Never Forget”***  
**International Pediatric Hematology-Oncology Art Exhibit**  
**A program of Tracy’s Kids, [www.tracyskids.org](http://www.tracyskids.org)**  
**Tracy Councill, MA, ATR-BC, Program Director,**  
**email [tracyskids@preventcancer.org](mailto:tracyskids@preventcancer.org)**

In an effort to help young people participating in Tracy’s Kids art therapy programs reach beyond the walls of their hospitals, we would like to create an international art exchange. Tracy’s Kids proposes to sponsor an exhibit of artwork by pediatric hematology-oncology patients and their siblings, created using the theme *“The Day I Will Never Forget.”*

Young artists may represent aspects of illness and treatment, or they may focus on an important life event unconnected to illness. We have selected this theme in an effort to elicit common feelings and experiences across cultures, and to create an open-ended forum for young people to tell their stories.

Based on the success and model of the Middle East Cancer Consortium meetings this year that Tracy Councill participated in, we would like to invite MECC member hospitals to participate in the proposed program. The mission of MECC is to improve cancer care in the Middle East, and to foster communication across cultures. Over many years, we have learned that young people whose freedom is restricted by illness benefit immeasurably from opportunities to reach outside their temporary confines and communicate with the wider world. It is in that spirit that we propose this exhibit.

Tracy Councill will work with participating hospitals to identify a person on staff at each site to coordinate the show at their site. Tracy’s Kids will provide each site with 5x8 in. sheets of sturdy paper and a selection of other supplies. Completed artwork, along with the enclosed registration form (see attached), would be gathered by the onsite coordinator and then mailed to Tracy Councill.

Returned art will be scanned and reproduced, creating multiple sets of the collection for distribution to participating hospitals. Each artist’s statement would be typed for exhibit along with the art. Ideally, all the hospitals would exhibit the show at the same time, but this would not be a requirement. At a minimum, the show would be exhibited at the Lombardi Comprehensive Cancer Center in May, 2008, as their annual art show. Since MECC is sponsored by the NIH, we plan to ask if they would like to host the exhibit at their facility in Bethesda as well.

Tracy’s Kids is in a unique position to coordinate an inter-hospital and international art therapy event for the Pediatric Hematology-Oncology community. We look forward to creating a wonderful opportunity for the young people we serve.

# Pediatric Hematology-Oncology International Art Exchange

Sponsored by Tracy's Kids Art Therapy Program  
[www.tracyskids.org](http://www.tracyskids.org)

Tracy's Kids is an Art Therapy Program for patients and families in Pediatric Hematology-Oncology in the Washington, DC Metro area. Tracy Councill, who serves as Program Director, participated in the 2007 Conference of the Middle East Cancer Consortium. In an effort to foster creative communication among young patients in many nations, Tracy's Kids is inviting all interested pediatric hematology-oncology patients from Tracy's Kids Art Therapy Programs and MECC member hospitals to participate in an International Art Exchange. The exhibit will premiere at the Lombardi Comprehensive Cancer Center in Washington, DC in May, 2008 before traveling to the participating hospitals. We also plan to exhibit the works in a gallery on the Tracy's Kids website. The project is co-sponsored by Tracy's Kids and the Middle East Cancer Consortium.

## Guidelines

- 1. Creating Artwork:** Art materials for the project will be provided. Each artist will create a work of art in response to the statement: **"The Day I Will Never Forget."** This can be any memorable event—related to illness and treatment or not—it is up to the artist to decide. Often, the first idea that comes to mind is the best one! Participants are not limited to the materials provided—they may use any medium they choose.

Your art may be a picture of something, a symbol, or an abstract design using line, shape, and color. On the entry form, there is space for you to write an explanation to accompany your art if you like.

- 2. Completing the Entry Form:** Please complete the entry form, telling us a little about yourself.
- 3. Return your Artwork and Entry Form:** Please return your completed work and entry form to your hospital contact person in the envelope provided. All entries must be returned by **February 28, 2008.**

Entries will be returned to Tracy Councill in the US by the hospital coordinators by March 31, 2008. Artwork will be reproduced and mounted so that a full set of pictures and stories can be exhibited in all the participating hospitals. For further information, email Tracy Councill, MA, ATR-BC, Program Director, Tracy's Kids at: [tracyskids@preventcancer.org](mailto:tracyskids@preventcancer.org).

**Entry Form**  
**Tracy's Kids Art Therapy Exhibit**  
*"The day I will never forget"*

Thank-you for participating in this exhibit. We will create a high-quality digital reproduction of each artwork so that each participating hospital may exhibit the entire collection from all participating countries. The first show will be at the Lombardi Comprehensive Cancer Center in Washington, DC in May, 2008. We will also display the work in a gallery on our website, [www.tracyskids.org](http://www.tracyskids.org).

You have been given a 5x8 in. sheet of illustration board. You may use any drawing, painting or collage medium. Your hospital coordinator has a selection of materials that you may borrow if you like. The day you will never forget may be happy, sad, or anything in between. It will represent an event in your life that is important to you. We hope you will enjoy creating your art, and that you will also enjoy seeing what young people in other countries create for the show when it comes to your hospital.

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Hospital \_\_\_\_\_ Diagnosis \_\_\_\_\_

The story of my artwork is: \_\_\_\_\_

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**By signing this form, I give permission for my child to participate in the exhibit as described above.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Hospital Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_