

EXHIBIT APPLICATION

Effective Date: 2-28-2014

Please print. You may mail it to us, submit it in person, or email it to Lamend@sharon.ocln.org

EXHIBITOR: Name: _____

Contact person, if group: _____

Address: _____

Home & Cell phone numbers: _____

Email Address: _____

Website: _____

May we give this information to the public or news media, if asked?

Y or N (circle one)

EXHIBIT:

Title (what do you call it): _____

Medium (ART) _____

Space Requirements: _____

Number of pieces: _____

Size of each piece: _____

Area of Library requested for display: _____

OTHER INFORMATION:

Dates you would like the exhibit to run: (two weeks) or more with approval.

_____ to _____

Have you displayed at the Sharon Public Library before? Yes or No

Date items are to be picked up _____

If approved, please specify month and year _____

What is the value of your art work (required for insurance purposes) \$ _____

Other Information:

Approval by Director/Designee _____

Date approved: