

Sharon Public Library  
EXHIBIT APPLICATION  
Effective Date: 2-28-2014

Please print. You may mail it to us, submit it in person, or email to [Lamend@ocln.org](mailto:Lamend@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 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: