



Jacob Edwards Library
236 Main Street
Southbridge, MA 01550
508-764-5426 Fax 508-764-5428

Artist Application for Exhibit

Name (please print) _____

Home address _____

Home phone _____ Email address _____

Business address _____

Business phone _____ Website _____

Describe your art medium: _____

Indicate the type of show you are interested in: Individual Group

Approximate number of pieces exhibiting: _____

Will your exhibit require hanging panels, display cases, or both? _____

By signing, I acknowledge that I have been given a copy of the Jacob Edwards Library Art Exhibit & Display Policy.

Artist's Signature: _____ Date: _____

Please return this form to the Library's Information Desk or by email to scyr@cwmares.org - you will be contacted by a committee member.

Library Use Only

Release & Indemnification Form Received Date: _____

Exhibit Confirmed: Set-up Date: _____ Take-down Date: _____

Reception Date: _____

Comments/Instructions: _____

Signature of Committee Member: _____