

GALE FREE LIBRARY
PROGRAM ROOM
APPLICATION FOR EXHIBIT

Date of application: _____

Name of artist, organization or group: _____

Name of person responsible: _____

[Person must ensure that the exhibit abides by the Gale Free Library Exhibit policy; person is the liaison between the Library Director and the individual or group responsible for the exhibit]

Address of person responsible: _____

Telephone numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Website: _____

Social Media: _____

Description of Exhibit (Theme, Materials, Type of Artwork, Estimated Number of Pieces): _____

Requested dates to show: _____

Sample of Work Provided, if possible:

Request for Opening Reception in the Program Room (pending approval from the Director):

Date: _____ Time: _____

Serving of refreshments: The Exhibitor will provide all serving items and will carry away all supplies, food, and trash.

Are you interested in teaching a workshop to patrons while the exhibit is on display? _____

How did you hear about exhibiting at the Gale Free Library? _____

Date: _____

Print Name: _____

Signature: _____