



Jacob Edwards Library  
236 Main Street  
Southbridge, MA 01550  
Tele: 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 [refiel@cwmares.org](mailto:refiel@cwmares.org) - you will be contacted by a committee member.

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#### Library Use Only

Release & Indemnification Form Received  Date: \_\_\_\_\_

Exhibit Confirmed: Set-up date: \_\_\_\_\_ Take-down date: \_\_\_\_\_

Reception Date: \_\_\_\_\_

Comments/Instructions: \_\_\_\_\_

Signature of Committee Member: \_\_\_\_\_