



Mary Jacobs Memorial Library Application for Display Space

Please print clearly

Name: _____

Address: _____

Phone Number: _____

Email: _____

Organization or group, if any: _____

Type of Display: i.e. water color, oil, acrylic, pastel, photography, ceramics, jewelry, craft, etc. _____

Please circle the months you prefer and cross out the months you wish to exclude:

Jan Feb Mar Apr May Jun Sep Oct Nov Dec

Would you like to be contacted if an unexpected opening becomes available? Yes No

Please read "Exhibit Policy and Guidelines for the Mary Jacobs Memorial Library" carefully. Your signature on this application indicates that you understand and agree to the procedures outlined therein. Display providers are required to provide contact information for the public so library visitors can get in touch with you directly should they have questions or comments about your work. All exhibitors are required to sign a liability waiver for insurance purposes.

Please sign and date this application and return it to your branch's designated representative.

Signature: _____

Date: _____