

WELLS PUBLIC LIBRARY

ETHEL M.WEYMOUTH ART GALLERY EXHIBIT APPLICATION FORM

This application form accompanies the Wells Public Library Ethel M. Weymouth Art Gallery Exhibit Policy and Art Gallery Exhibit Guidelines. Both of those documents must be read before completing this form.

Name _____ Date _____

Address _____

Summer/winter address, if different _____

Phone (home) _____ (work) _____

E-mail address _____

Type of art & media _____

I have read and agree to abide by the attached Wells Public Library Ethel M. Weymouth Art Gallery Exhibit Policy and the attached Art Gallery Exhibit Guidelines. I hereby do not hold the Wells Pubic Library liable for any damages, injuries, theft, etc. while the exhibit is at the Library.

Signature of Applicant

Date

Signature of Approval by Library Director or designee

Date