Art Exhibit Agreement

Thank you for your interest in exhibiting at the Galesburg Public Library. Please complete the following application and return it when you submit slides or photographs to the Library Director.

Artist	Date
Address	
Primary phone	Secondary phone
E-mail address	
	to exhibit. Include any information not readily aphs (details, technique, unique characteristics, etc.).
Please indicate the following:	
The ideal number of works you wou	ld like to exhibit
The size of the works you would like	e to exhibit
What period of time (4 to 8 weeks)	do you prefer to exhibit?
Have you exhibited your artwork els	sewhere previously? If so, list where and when.
Will the artwork you wish to exhibit	be available for sale?
Display and Exhibits Policy and agr understand that in offering items for Illinois, that I release the Galesburg liability for injury or damages, destru	nd read a copy of the Galesburg Public Library ee to abide by all its rules and regulations. It display at the Galesburg Public Library, Galesburg, Public Library, its board and employees from any action, loss or theft of any item or items that may uring installation or removal of the exhibit.
Signature of Exhibitor	Date
Please send submission slides/p	hotos and art exhibit agreement to:
Library Director	

Galesburg Public Library, 40 East Simmons Street, Galesburg, IL 61401 Questions? Call the Library Director at (309) 343-6118