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	
	o exhibit. Include any information not readily ohs (details, technique, unique characteristics, etc.).
Please indicate the following:	
The ideal number of works you would	d like to exhibit
·	
The size of the works you would like	to exhibit
What period of time (4 to 8 weeks) de	o you prefer to exhibit?
Have you exhibited your artwork else	ewhere previously? If so, list where and when.
Will the artwork you wish to exhibit be	e available for sale?
Display and Exhibits Policy and agre understand that in offering items for Illinois, that I release the Galesburg I liability for injury or damages, destruct	d read a copy of the Galesburg Public Library e to abide by all its rules and regulations. I display at the Galesburg Public Library, Galesburg, Public Library, its board and employees from any etion, loss or theft of any item or items that may ring installation or removal of the exhibit.
Signature of Exhibitor	Date

Please send submission slides/photos and art exhibit agreement to:

Library Director, Galesburg Public Library 264 W. Main Street, Galesburg, IL 61401 director@galesburglibrary.org 309-343-6118