

**TOPSFIELD TOWN LIBRARY
ARTIST EXHIBIT RESERVATION FORM**

Date of Application: _____

Artist Name: _____

Contact Information: _____
Address

Telephone/Cell Phone: _____

E-Mail Address: _____

Month of Exhibit: _____

Hang date and time: _____

Take down date and time: _____

List Other Artists: _____

Reception: Yes No

Date: _____

Time: _____

Artist check list:

- Submitted work for approval, or forwarded electronic access to work
- Submitted Bio and Press Release information on artist/s to director
- Have read policy and understand artist responsibilities
- Will provide hanging material for exhibit
- Library provides ladder and S hooks for artist
- Will provide guest book, exhibit list with prices, and contact information

The artist acknowledges receipt of the Artist Exhibit Guidelines and Policy and hereby releases the library from any liability on account of any damage to or for loss of any work of art associated with this application.

Signature: _____ date: _____

Approval Signature: _____ date: _____