

APPLICATION TO EXHIBIT IN THE RICHARD R. CASS GALLERY

DATE: _____

EXHIBITOR'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

DESCRIPTION OF EXHIBIT: _____

DATE OF APPROVAL: _____

MONTH OF EXHIBIT: _____

ARRIVAL DATE & TIME: _____

DEPARTURE DATE & TIME: _____

The display wall has been carefully built to show displays at their best. Exhibitors may not use any item that may damage the wall surfaces. Any questions about your display should be addressed to the exhibit coordinator. I understand that the WCPL does not provide insurance or additional security for exhibits. My artwork will be displayed at my own risk.

I understand and agree to these conditions. _____

Signature

Date

Payment received: _____

Date

Please provide the library with a brief biographical sketch detailing your exhibit for publicity.