

**EXHIBIT APPLICATION**  
**Shedd-Porter Memorial Library**  
**September 2019**

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Display (example, art work, quilts): \_\_\_\_\_

\_\_\_\_\_

Number of Items: \_\_\_\_\_

Description of Exhibit: \_\_\_\_\_

\_\_\_\_\_

Please provide month preferences for your exhibit:

1. \_\_\_\_\_

2. \_\_\_\_\_

Are you interested in hosting a reception or public program? \_\_\_\_\_

Will you allow the Library to post images of your exhibit on social media? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_