Bronxville Public Library Art Exhibit Application:

Name:	
Address:	Contact Phone:
	Contact Email:
DESCRIPTION OF EXHIBIT:	
Space requested:Yeager Room (\$225/Month) Lit	ttle Gallery (\$150/Month)
Month requested:	
Title of Exhibit:	
Medium:	
Approximate number of works:	
Average size:	
Subject matter:	
Applicant will provide:Price listGuest bookFl	liers/Postcards
Exhibitor is requesting:HammerStep stool He	ooksPush pins
<u>FEES</u>	
A check made payable to the <i>Bronxville Public Library</i> for Schedule) must be submitted with this application. Attack	r the applicable fees (listed in the Room Use & Art Exhibition Fees hed is a check in the amount of: \$
Cancellation: There will be no refunds of fees unless the	e Library is given a minimum of 72 hours notice.
APPLICANT'S RESPONSIBILITIES:	
Art Exhibitions may be hung on the first day of the month an to remain in place throughout the month. Transporting, hanging and removing artwork is the sole response.	d must be removed by the last day of the month. Exhibited work is expected onsibility of the exhibitor.
The applicant's signature certifies they have received and rea	nd the Art Exhibition Policy and agree to comply.
Acknowledged: Applicant Signature & Date	Approved by Library: Signature & Date

Bronxville Public Library, 201 Pondfield Road, Bronxville, NY 10708-4828, Attn: Staff Assistant Tel. 914-337-7680 x831 Fax: 914-337-0332 AccountClerk@BronxvilleLibrary.org

Approved November, 2015