

**MONROE TOWNSHIP PUBLIC LIBRARY  
4 MUNICIPAL PLAZA  
MONROE TOWNSHIP, NJ 08831  
(732) 521-5000**

**EXHIBITS APPLICATION**

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

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

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

Check what applies:

- Suitable for Display Case
- Framed artwork suitable for hanging in the Fine Arts Gallery

Please describe items to be exhibited on reverse side.

Have these items been exhibited in the past?  Yes  No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give your estimate of dollar worth of the exhibit: \$\_\_\_\_\_

Please provide the Exhibits Committee with some samples of the work to be exhibited in the form of slides or photographs or by e-mail to [director@monroetwplibrary.org](mailto:director@monroetwplibrary.org).

Use the back of this form to provide us with any other information that you feel is important about the items that you wish to exhibit.

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I have read the attached Exhibits Rule & Information Sheet and agree to abide by the condition described on it.

I further acknowledge that is has been explained to me that the Monroe Township Public Library has insurance to cover all exhibits up to a value of \$25,000. By signing this application, I acknowledge that the value of this exhibit is less than the sum of \$25,000.

\_\_\_\_\_  
(Signature)

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

Description of items to be exhibited:

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Other important information:

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