

MONROE TOWNSHIP PUBLIC LIBRARY
4 MUNICIPAL PLAZA, MONROE TOWNSHIP, NJ 08831
(732) 521-5000 • www.monroetwplibrary.org

EXHIBITS APPLICATION

Name: _____ Date: _____

Address: _____

_____ Phone: _____

Cell: _____

E-Mail: _____

Check what applies:

- Suitable for Display Case
- Framed artwork suitable for hanging
- Suitable for both display case and hanging

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 samples of the artwork to be exhibited. Samples can be in the form of photographs, photocopies or electronic files.

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:

Other important information: