

DOBBS FERRY PUBLIC LIBRARY

APPLICATION FOR GALLERY SHOWING

INSURANCE WAIVER: The Friends and the Library assume no liability for items installed, displayed or exhibited. The Library does not insure exhibits. The Library has security cameras installed in the gallery, but will provide no special security personnel. The risk of loss, theft or damage will be held by the exhibitor. Artist must establish value of works and take out insurance, if deemed necessary.

I, (signature)	agree that the Dobbs Ferry Public Librar
is not responsible for damage or th	
Name (Print)	
Address	
City/State	Zip
Telephone	E-mail Address
TITLE OR SUBJECT MATTER OF EXH	IBIT
GALLERY AREA(S) YOU WISH TO RE	SERVE: Community Room Plotkin Gallery Other
DATE OF HANGING	ARTIST BIO & STATEMENT SUBMITTED? YES NO
RECEPTION DATE	TIME to
\$100.00 Security deposit for opening	ng reception required: Check #:
Date Received	Date Refunded
DATE OF REMOVAL	
This completed form must be submanging of exhibit (copy will be give	nitted and approved by the Library Director, three weeks prior to en to artist).
Staff member:	Date: