

CEDARBURG PUBLIC LIBRARY
APPLICATION FOR TEMPORARY ART EXHIBITS

Name of Applicant _____ Date _____

Affiliated Organization _____

Contact Information:

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell _____

Email _____

Exhibition Information:

Exhibition Title _____

Desired Exhibition Dates _____ Installation _____ Removal _____

Exhibit Description _____

Special Requirements _____

Library Arts Policy

I have obtained, understand and agree to the Arts Policies set forth by the Cedarburg Public Library. I understand if accepted, I agree to have my work ready for display when scheduled and Cedarburg Public Library is not liable for any damage to, or loss of, any items that I am exhibiting in the library. I also understand the Library will not be responsible for any materials not picked up by the agreed upon time.

Signature _____ Date _____

Please submit this form, along with examples of work to be displayed (preferably in a digital format) to Laura Beldavs at lbeldavs@cedarburglibrary.org or mail it, or deliver it to Cedarburg Public Library, W63 N589 Hanover Ave., Cedarburg, WI 53012. Further information may be obtained by calling 262.375.7640.