



FRIENDS OF THE
WILLOUGHBY WALLACE
MEMORIAL LIBRARY

ARTIST'S APPLICATION FOR EXHIBITION

NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

DESCRIPTION OF THE TYPE OF ARTWORK THAT YOU WILL BE EXHIBITING (MEDIUM, ETC.):

FOR SCHEDULING AN EXHIBITION:

I prefer the following month(s): _____

Which months, if any, are NOT possible for you? _____

WHICH TYPE OF SHOW DO YOU PREFER?

_____ **Solo** (You must be able to fill the space with your own work.)

_____ **Two Person**

Please present this form, along with signed release on page 2, with the work you submit for the jury.