

**TOPSFIELD TOWN LIBRARY
ARTIST EXHIBIT RESERVATION FORM**

Date of Application: _____

Artist Name: _____

Contact Address: _____

Telephone/Cell Phone: _____

E-Mail Address: _____

Month of Exhibit: _____

Installation date & time _____

Dismantle date and time: _____

List Other Artists: _____

Reception: Yes No

Date: _____

Time: _____

Artist Check List:

- Submitted work for approval, or forwarded electronic access to works of art
- Submitted Bio, Press Release, and/or material for the website on the artist to the director or designee (Submitted at least 1 month prior to the exhibition opening date)
- Have read policy and understand artist responsibilities
- Will provide guest book, exhibit list with prices, and contact information

The artist acknowledges receipt of the Artist Exhibit Policy and hereby releases the library from any liability on account of any damage to or for loss of any work of art associated with this application.

Artist Signature: _____ Date: _____

Approval Signature: _____ Date: _____