



Jacob Edwards Library
236 Main Street
Southbridge, MA 01550
Tele: 508-764-5426
Fax: 508-764-5428

**Women's Handwork Show
Artist Application for Exhibit**

Name (please print): _____

Home address: _____

Home phone: _____ Email address: _____

Business address: _____

Business phone: _____ Website: _____

Describe your art medium: _____

Will your submission require a hanging panel or a display case? _____

By signing, I acknowledge that I have been given a copy of the Jacob Edwards Library Art Exhibit & Display Policy.

Artist's Signature: _____ Date: _____

Please return this form to the Library's Information Desk or by email to refjel@cwmares.org

Library Use Only

Release & Indemnification Form Received ☐ Date: _____

Exhibit Confirmed: Set-up date: March Take-down date: March

Comments/Instructions: