

EXHIBIT REQUEST FORM

Month requested: _____

Name of individual/group representative: _____

Name of group: _____

Telephone No.: _____ Email: _____

Address: _____

Exhibit location(s) preferred: a) McQueen Gallery _____

b) Community Room _____

c) Atkinson Wing Ramp _____

d) Display Case (**if available**)

First Floor _____

Second Floor _____

Brief description of exhibit: _____

Size of exhibit (number of items): _____

I would like to arrange for a reception in the Community Room, if possible, on this day and time:

(Date and time may be scheduled closer to exhibit date).

I request permission to use the Library's display areas. I have read and understood the Library's policy and procedures on exhibits. My exhibit is consistent with the conditions of the policy, **including the owner's risk statement and the prohibition of pricing and sales material**, and I agree to comply with all the terms of the policy.

I understand that, until I receive written confirmation from the Exhibit Coordinator, the dates and areas selected above are tentative.

Requestor: _____

Date: _____

Please complete this form and return to the Exhibit Coordinator

By email: goodnow@sudbury.ma.us

Or mail:

Exhibit Coordinator
Goodnow Library
21 Concord Road
Sudbury, MA 01776