



**SNOW**  
*Library*  
 Established 1877

**APPLICATION FORM  
 FOR EXHIBIT SPACE  
 In the Marion Craine Gallery**

**PLEASE RETURN COMPLETED APPLICATION TO CIRCULATION DESK AT SNOW LIBRARY, ATTENTION: MARION CRAINE GALLERY COMMITTEE, ALONG WITH FOUR (4) SLIDES OR PHOTO PRINTS OF YOUR WORK.**

PLEASE PRINT

Date: \_\_\_\_\_

Name of Exhibitor: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
 Medium: \_\_\_\_\_ No. of pieces: \_\_\_\_\_

Are you currently represented by a Gallery? If yes, name and location: \_\_\_\_\_

Month Available for Exhibit: \_\_\_\_\_

***All installations are to be assisted by a Gallery Coordinator.***

**EXHIBITORS ARE REQUIRED TO COMPLETE THE FOLLOWING:**

*I have read and understood the Guidelines for Exhibitors including the Snow Library Policies for Exhibits and Receptions in the Marion Craine Gallery and hereby and forever discharge and release the Snow Library and the Town of Orleans; its employees, officers, agents, Board of Trustees, successors and assigns, from all claims, demands, damages, actions and/or causes of action which I may now have or may hereafter have arising out of my artwork (property of any kind) being exhibited at the Snow Library.*

Signature of Exhibitor: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Date exhibit is to be installed: \_\_\_\_\_

Date exhibition is to be picked up: \_\_\_\_\_

adopted 07/2018

**67 Main Street ♦ Orleans, MA 02653 ♦ 508-240-3760 ♦ Fax: 508-255-5701**