

CEDARBURG PUBLIC LIBRARY
APPLICATION FOR TEMPORARY ART EXHIBITS

Name of Applicant _____ Date _____

Affiliated Organization _____

Contact Information:

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell _____

Email _____

Exhibition Information:

Exhibition Title _____

Desired Exhibition Dates _____ Installation _____ Removal _____

Exhibit Description _____

Preferred Display Area and Physical Requirements _____

Library Arts Policy

I have obtained, understand and agree to the Arts Policies set forth by the Cedarburg Public Library.

Signature _____ Date _____

Please submit this form, along with examples of work to be displayed (preferably in a digital format) to Kassidy O’Harrow at koharrow@cedarburglibrary.org or mail it to Cedarburg Public Library, W63 N589 Hanover Ave., Cedarburg, WI 53012. Further information may be obtained by calling 262.375.7640 ext 203.