

APPLICATION FOR USE OF EXHIBIT SPACE

LEVI HEYWOOD MEMORIAL LIBRARY
55 WEST LYNDE STREET
GARDNER, MA 01440
978-632-5298
978-630-2864 FAX

NAME OF ARTIST OR GROUP REQUESTING SPACE:

CONTACT INFORMATION:

PHONE: _____

EMAIL: _____

WEBSITE: _____

DESCRIPTION OF EXHIBIT MATERIALS: (i.e. oils, b & w photographs)

REQUESTED MONTH FOR DISPLAY: _____

SECOND CHOICE: _____

I HAVE RECEIVED, READ, AND AGREED TO THE CONDITIONS OF THE
GUIDELINES FOR USE OF DISPLAY SPACE APPROVED BY THE BOARD OF
TRUSTEES ON FEBRUARY 12, 2014.

APPLICANT SIGNATURE: _____

LIBRARY USE:

_____ APPROVED FOR MONTH OF _____ BY _____

_____ NOT APPROVED