



**ART GALLERY Exhibition Request**

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

Name: \_\_\_\_\_

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

\_\_\_\_\_

Are you a Harborfields School District resident? (not required) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website address: \_\_\_\_\_

Studio Name, Address & Phone (if different): \_\_\_\_\_

\_\_\_\_\_

Medium: \_\_\_\_\_

Approximate number of pieces available for exhibition \_\_\_\_\_

\_\_\_\_\_

Average size of framed, ready-to-hang artwork \_\_\_\_\_

Title of your show? \_\_\_\_\_

Are there times of the year when you are not available to exhibit? \_\_\_\_\_

If so, when? \_\_\_\_\_

Will you want to host a reception? (All refreshments provided by artist, NO alcohol)

\_\_\_\_\_

**Please include the following with your application:**

Artist Resumé/Bio and photos of your work. (Not originals, they will not be returned)

Digital samples of work can be sent to the Art Gallery Coordinator.

Please put "Gallery Request" in the subject line.

**Susan Hope**  
**Art Gallery Coordinator**  
**shope@harborfieldslibrary.org**  
**631-757-4200 ext. 124**