

EXHIBIT APPLICATION

Effective Date: 12-17-2025

Please print. You may mail it to us, submit it in person, or email it to administration@sharon.ocln.org

EXHIBITOR: Name: _____

Contact person, if group: _____

Address: _____

Home & Cell phone numbers: _____

Email Address: _____

Website: _____

EXHIBIT:

Title (what do you call it): _____

Medium (ART) _____

Space Requirements: _____

Number of Pieces (maximum is 60) _____

Size of each piece: _____

Display area request: **Circle one:** Community Room A, B or AB with the understanding that the rooms are often divided for patron use.

Dates you would like the exhibit to run: (two weeks) or more with approval.

_____ to _____

Items cannot be displayed behind the AV screen or damage may occur.
Exhibitors must leave the AV equipment, such as signage, hooks or podiums in place.
Exhibitors cannot block or post anything on the moveable door that separates Community Room A from B. Informational boards cannot block entrance or impede access.

Date items are to be picked up _____

If approved, please specify month and year _____

The Library, Board of Trustees or Town of Sharon is not responsible for damaged or missing art.

I understand the rules listed above and accept the responsibility for hanging my art in the Library. Signature: _____ Date: _____

Approval by Director/Designee _____

Date approved: _____