

Date of Application: \_\_\_\_\_

Plymouth Public Library Corporation  
**APPLICATION FOR EXHIBIT SPACE at the PLYMOUTH PUBLIC LIBRARY**

Name: \_\_\_\_\_  
If Applicable/Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Numbers Day: \_\_\_\_\_ Evening: \_\_\_\_\_  
Check one: \_\_\_\_\_ Individual Show \_\_\_\_\_ Group Show

**QUALIFICATIONS** (Use another sheet of paper if necessary.)

Provide a brief background, qualifications (e.g. memberships/awards), history of prior exhibits. Attach examples of artwork to be exhibited or provide website, CD or flashdrive.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must completely fill out this section for your application to be considered.

**PROPOSED EXHIBIT**

Title and Theme Optional : \_\_\_\_\_ Media: \_\_\_\_\_  
Approx. number of items: \_\_\_\_\_ Approx. size of items: \_\_\_\_\_  
If group show, number of exhibitors: \_\_\_\_\_  
*Please attach a listing of the exhibitors.*  
Month and Year desired (include alternatives): \_\_\_\_\_

**LIBRARY SPACE PREFERRED**

*Please note that preferences will be honored only if space is available; otherwise assignments will be offered based on display space available, the number and size of your items.*

1<sup>st</sup> Floor: \_\_\_\_\_ Alcove \_\_\_\_\_ Under Staircase \_\_\_\_\_ Along Staircase  
2<sup>nd</sup> Floor: \_\_\_\_\_ Top of Staircase (Left & Right)

Applicant must sign below for exhibit applications to be processed. Return original to Anne C. Phelan, Plymouth Public Library Corporation, 132 South Street, Plymouth, MA 02360

*Waiver: I have read and accept the terms of the Plymouth Public Library Corporation Exhibit Policy. I (and/or my organization) will abide by the PPLC Guidelines. I (and/or my organization) understand/understands that the exhibitor assumes all the risks for damage to, loss of or theft of any item, artwork or any part of the exhibit.*

*I understand that 10% of the proceeds of sales resulting from my exhibit at the Plymouth Public Library will be donated to The Library within 30 days of the close of my exhibit.*

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

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**STAFF USE ONLY**

Date Approved: \_\_\_\_\_ Date Artist/Exhibitor Notified: \_\_\_\_\_  
Month & Location of Show: \_\_\_\_\_