



26 West Tisbury Rd • Edgartown, MA 02539 • edgartownlibrary.org

Art Exhibit Application

Name: _____

Telephone: _____

E-Mail: _____

Brief description of the exhibit proposal:

First choice exhibition month:

Second choice exhibition month:

Please include 5-10 images of the proposed art with this application.

I have read the terms of the Edgartown Public Library Art Exhibit Policy and agree to the terms.

Signature: _____ Date: _____

Adopted 12/14/2017 by the Edgartown Library Board of Trustees