



Request to Exhibit

Exhibitor: _____

Artist (if other than the exhibitor): _____

Organization (if applicable): _____

Contact for Installation: _____

Address: _____

Phone Number: _____ Alt. Number: _____

Email: _____

Title of Exhibit : _____

Describe the Theme : _____

Number of Pieces : _____

Preferred Dates: _____ to _____

Requested Space: Friends Community Room Hallway

Have you or the organization you are associated with exhibited at the Boyden Library before? If so, when?

I have read the Boyden Library Exhibit Policy. I agree to comply with all policy guidelines stated therein. I agree that Boyden Library or the Town of Foxborough, and their respective employees will not be held liable for any loss or damage to the exhibit in the Library during set-up or break-down.

Printed Name

Signature _____ Date _____

