Artist Application for Art Shows at King Memorial Library

| Fill out this form and mail it to: |
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| King Memorial Library |
| Artist Exhibitors Form |
| PO Box 509 |
| Machias, NY 14101 |
| or send an email to: |
| kingmemoriallibrary@gmail.com with the requested information. |

Include with this form 3-5 photos (jpeg or pdf) representative of the work you would like to display. Photos will be reviewed and the library will contact you with a decision. Upon acceptance, the library will schedule dates for your exhibit.

| Artist's Name | Date: |
|---------------------|------------|
| Address | |
| | Cell phone |
| Email address | |
| Medium | |
| Additional comments | |
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