



Application to Exhibit Hank's Room

Applications must be submitted by October 15th each year to be considered for exhibit for the following calendar year.

Date: _____

Name of Exhibitor: _____

Title or Subject Matter of Exhibit: _____

Number of Works: _____ Media: _____

Name of Person Filing Application: _____

Name of Organization: _____

Address: _____

Phone Number (s): _____

Email Address: _____

Months Requested: _____

*Please note that the Art Committee cannot guarantee requested months,
but will take requests into consideration in the scheduling process.*

Briefly Describe the Proposed Exhibit:

Will you have an Opening Reception? Yes _____ No _____

If you are selected, there is a \$25 exhibit fee to help cover cost of promotion. There is a \$10 fee for a reception.

Please submit images of ALL pieces to be exhibited. Resolution must be no less than 300 dpi if submitted electronically (.jpg or .pdf). Email images to exhibits@kennebunk.lib.me.us. Please submit on a CD labeled with your name. You may also submit photographs (no slides please). CDs and photographs will not be returned unless accompanied by a stamped, self-addressed mailer.

IMAGE #1

Title or Description _____

Media: _____

Dimensions: _____

IMAGE #2

Title or Description _____

Media: _____

Dimensions: _____

IMAGE #3

Title or Description _____

Media: _____

Dimensions: _____

IMAGE #4

Title or Description _____

Media: _____

Dimensions: _____

IMAGE #5

Title or Description _____

Media: _____

Dimensions: _____

IMAGE #6

Title or Description _____

Media: _____

Dimensions: _____

IMAGE #7

Title or Description _____

Media: _____

Dimensions: _____

IMAGE #8

Title or Description _____

Media: _____

Dimensions: _____

IMAGE #9

Title or Description _____

Media: _____

Dimensions: _____

IMAGE #10

Title or Description _____

Media: _____

Dimensions: _____

****Please make a copy of this form for more than 10 images****

Please feel free to provide the Art Committee with additional information that you feel would be useful in reviewing your application (E.G. Background, Awards, Formal Training).

By signing this application, I acknowledge I have read and agree to abide by the conditions of the Kennebunk Free Library Exhibit Policy.

Signature: _____

Date: _____

Library Use Only

Date Received: _____ Person Receiving: _____

CD/Photos Included? Yes No Return Requested? Yes No

Acknowledgement Sent? Date: _____

Submitted to Committee? Date: _____

Committee Decision: Yes No Alternate

Month Scheduled: _____