**Application to Exhibit in 2026:**

**Speers Gallery at Kennebunk Free Library**

*Applications must be submitted by Friday, October 17, 2025 to be*

*considered for exhibit for the following calendar year.*

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

Name of Exhibitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title or Subject Matter of Exhibit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Works: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Media Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Filing Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Exhibit Month(s):\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please note that the Art Committee cannot guarantee preferred months but will take them 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 you’d like to exhibit, and fill out the information below:

* Please label each file or item with the name of the piece.
* You may email images to [exhibits@kennebunklibrary.org](mailto:exhibits@kennebunklibrary.org), or submit on a CD or flash drive labeled with your name. You can also submit photographs (no slides please).
* Resolution must be no less than 300 dpi if submitted electronically (.jpg or .pdf).
* CDs, flash drives, photographs, etc. will not be returned unless accompanied by a stamped, self-addressed mailer.

*Please note that while we do not have a minimum number of pieces to exhibit, we prefer they cover at least two walls. If you have less than 10-15 small pieces and you are chosen to exhibit, we may ask you to produce more pieces, and/or share the exhibit space with another artist.*

|  |  |
| --- | --- |
| **IMAGE #1** | **IMAGE #2** |
| Title or Description | Title or Description |
| Media: | Media: |
| Dimensions: | Dimensions: |
| **IMAGE #3** | **IMAGE #4** |
| Title or Description | Title or Description |
| Media: | Media: |
| Dimensions: | Dimensions: |
| **IMAGE #5** | **IMAGE #6** |
| Title or Description | Title or Description |
| Media: | Media: |
| Dimensions: | Dimensions: |
| **IMAGE #7** | **IMAGE #8** |
| Title or Description | Title or Description |
| Media: | Media: |
| Dimensions: | Dimensions: |
| **IMAGE #9** | **IMAGE #10** |
| Title or Description | Title or Description |
| Media: | Media: |
| Dimensions: | Dimensions: |

Please feel free to provide the Art Committee with additional information that you feel would

be useful in reviewing your application (i.e Background, Formal or Informal Training, Recognition or Awards).

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_