

APPLICATION TO EXHIBIT IN THE GREAT NECK LIBRARY GALLERY

I would like to exhibit my work in the Great Neck Library Gallery.
I understand and agree to conform to the guidelines established above.

Name_____

Address_____ Zip Code_____

Phone (day)_____ (evening)_____

Please indicate the months you would prefer and we will try to accommodate your request.

Signature_____ Date_____

Please attach one photograph and any information about yourself and your work which may be used for publicity purposes. Keep the upper half of this form for your records. Submit the application to Programming Office, Great Neck Library 159 Bayview Avenue, Great Neck, NY 11023.

If you have any questions, please call 466-8055, ext. 254.

DO NOT WRITE IN BOX	
Received_____	Hanging_____
Called_____	Dismantling_____
Confirmed_____	Publicity Received_____