

The Exhibits Team c/o Communications Office 115 South Avenue Rochester, NY 14604

The Central Library of Rochester & Monroe County's Exhibit Application

This completed application must be returned with an itemized list including a digital image of each piece, along with its dimensions.

Organization		
Contact Person		
Address		
Work phone	Home phone	Cell phone
Email address	Fax number	
Name of exhibit		
Medium: paintings, pr	ints, photographs, sculptures,	other
Describe how the exh	bit will complement the librar	y's Mission
Signing the Exhibit Ap	plication affirms the applicant	understands that all liability, loss, theft,
damage, expense, cos	t, attorney's fees, and claims t	hat arise out of damage to or loss of
artwork exhibited on	The Central Library's property	is not the responsibility of the City, County,
Library, or employees		
Signature of applicant		Date
 Organization		
Address		