



Stevens Memorial Library  
20 Memorial Drive  
Ashburnham, MA 01430  
P: (978) 827-4115  
F: (978) 827-4116  
library@ashburnham-ma.gov

## **Application for Use of Exhibit Space**

### **Exhibitor Information**

**Artist/Group Name:** \_\_\_\_\_

**Contact Person (if a group):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

### **Exhibit Information:**

**Title/Subject:** \_\_\_\_\_

**Medium:** \_\_\_\_\_

**Space Requirements:** \_\_\_\_\_

**Number of Pieces:** \_\_\_\_\_

**Preferred Dates:** \_\_\_\_\_

**Date of Opening Event (if requested):** \_\_\_\_\_

*Meeting room request must be filled out separately for opening event.*

*I agree to comply with all conditions outlined in the Stevens Memorial Library Exhibit/Display and Meeting Room policies.*

**Applicant Signature:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

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LIBRARY USE:

\_\_\_\_\_ APPROVED

Dates: \_\_\_\_\_

\_\_\_\_\_ NOT APPROVED