## **Granby Free Public Library**

297 E State St | Granby, MA | Phone: (413) 467-3320 | granbylibrary.com

## **Art Exhibit Reservation Request and Release**

Please complete this application and return it to:		FOR LIBRARY USE ONLY Date Application Rec'd:	
Granby Free Public Library 297 E State Street		Date Application Approved:	
Granby, MA 01033		Confirmation Letter:	
Attn: Jennifer Crosby, Director		committation Letter.	5cm
Artist/Exhibitor Name:			
Organization (If Applicable):			
Contact for Organization:			
Address:			
Contact Phone:			
Email:			
Website:			
Briefly describe the exhibit and the number of wor			
Month/year you wish to reserve the exhibit area: _			
(Exhibit space may be reserved by calendar month only.)	Month	Year	
Please agree to and sign the following: I understand that the Granby Free Public Library will not assipurposes. I agree to release the Granby Free Public Library a liability in regard to damage, theft, loss, or in any other regards wish to protect such items from loss, damage, theft, etc. that displayed. I agree to be responsible for any damage to Library for exhibit material not removed at the close of the exhibit of understand and agree to abide by the Library's Art Exhibit Personal Control of the control of	and by extension the rd to materials or it t I will privately place ary property caused tate and it does not	ne Town of Granby from any respone Town of Granby from any responents on the series of the community of the community of the Exhibit. The Library is not by the exhibit. The Library is not the community of the c	onsibility or gree that if I n the items t responsible
Signature:		Date:	