

Silver Lake Public Library

Artwork Display Application

Name:		
Street Address:	City:	Zip Code:
Phone Number:	Email:	
Briefly describe the artwork you would medium:		
I understand that this application does my artwork is chosen I will be contacte dates the artwork will be displayed. I un exhibited/displayed in the library, that from any liability for damages, destruct period, during installation or removal of	d by the Silver Lake Public Libranderstand that in offering my was release the Silver Lake Public tion, loss, or theft of items that	ary director to arrange for the vorks of art to be Library and all related entities may occur during the display
Signature:	Date:	
Parent's/Guardian's Name:	Date:	
Parent's/Guardian's Signature:		

Please attach a picture of the artwork pieces in which you plan to display.