

QUILT EXHIBIT
Submission Application Form

Please fill out (1) form for each submission

SUBMITTER'S NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBERS: _____

EMAIL ADDRESS: _____

TITLE OF SUBMISSION: _____

QUILTER'S NAME: _____

MEDIUM / PATTERN: _____

Please read the following and indicate your agreement by signing below.

I understand that the Roslyn Library may not be able to display all submissions.

I understand that I am responsible for picking up my art work within 7 days of the end of the exhibit and that if I fail to do so, my art work may become the property of the Roslyn Public Library.

I understand that the City of Roslyn and its associated commissions, committees, staff, and entities are NOT responsible for Theft of or Damage to my art work.

Signature

Date