



Date: _____

EXHIBIT SPACE APPLICATION

Group or Individual Name: _____

Principle contact person: _____

Mailing Address:

Street _____ City _____ Zip _____

Phone: _____ E-mail: _____

Nature of art/other to be displayed:

Desired location: Downtown East Side Hillyard Indian Trail Shadle South Hill

Desired dates of display: Next available opening Specific dates of display (list below)

From: _____ To: _____

Are display dates flexible? Yes No

I have read and understand the policy on the use of exhibit spaces and agree to comply.

I agree to defend, indemnify and hold harmless the Spokane Public Library, its departments, employees, agents, officers and volunteers from any and all liability in any and all matters, including any meetings and special events, concerning the above named group or individual. I understand that I am responsible for install and de-install of work and also that the gallery space is monitored only periodically and work displayed there is most often unmonitored.

Signature: _____ Date: _____

For office use only

Location(s) Scheduled:	Downtown	East Side	Hillyard	Indian Trail	Shadle	South Hill
Dates scheduled: From:	_____			To:	_____	
Install date:	_____			take down date:	_____	
Staff contact:	_____					
Notes:	_____ _____ _____					