



33 Hawthorne Avenue, Central Islip NY 11722 (631) 234-9333
gallery@centralisliplibrary.org

GALLERY EXHIBIT

NAME OF ARTIST: _____

ADDRESS: _____

TELEPHONE: _____

BEST TIME TO BE REACHED: _____

E-MAIL: _____

APPROX. NUMBER OF WORKS OR SIZE OF EXHIBITS: _____

Please note that display is a 30" cube with two (2) shelves inside.
Top shelf is 16" in height and bottom shelf is 14" in height.

If the work of more than one artist is to be considered, list the name of other artists.

_____	_____
_____	_____
_____	_____

You may submit applications virtually as well as in-person.

I acknowledge having read the Central Islip Public Library's Gallery exhibit/ display policies and procedures and I agree to comply with all its terms and conditions.

Signature

Date