

THE
GALLERY
GLEN ROCK PUBLIC LIBRARY

Application for Exhibition Space

Please print

Artist Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Exhibit Medium _____

Months Preferred _____

Items to include with this Application.

1. Biography
2. Four – five samples of work
3. Artist Statement

PLEASE COMPLETE HIS FORM AND RETURN IT TO:

The Gallery/Glen Rock Public Library

315 Rock Road Glen Rock, New Jersey 07452

gallery@friendsglenrocklibrary.org