

Request to Exhibit

Application Form

Please return this completed application form with your package.

Name: _____ Date: _____

Full mailing address: _____

Telephone number: _____

e-mail address: _____

Website: _____

Intended show is to be Solo ☐ or Joint ☐ (Check one)

For joint exhibitions, each artist must submit a completed application form and a submissions package.

Please return the completed application form and submissions package to:

The Deep River Library Arts Committee:
55 Ridge Road,
PO Box 278,
Deep River, Ontario,
K0J1P0