

**Art in Our Library
Submission Form**

ARTIST NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TITLE OF SUBMISSION: _____

MEDIUM : _____

DESCRIPTION: _____

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 without making arrangements, 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