

# APPLIANCE ART

## Submission Application Form

*Please fill out (1) form for each submission*

ARTIST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEBSITE (if applicable): \_\_\_\_\_

TITLE OF SUBMISSION: \_\_\_\_\_

MEDIUM: \_\_\_\_\_

*Please read the following and indicate your agreement by signing below.*

I understand that the Roslyn Library may not be able to display all submitted art work.

I understand that the Roslyn Library may share my contact information with people who are interested in purchasing my work, unless I specify in writing otherwise.

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, my art work becomes 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