



**WAUKESHA PUBLIC LIBRARY**

321 WISCONSIN AVENUE  
WAUKESHA, WISCONSIN 53186-4713  
TELEPHONE 262/524-3680 FAX 262/524-3677

Grant C. Lynch, Executive Director  
glynch@waukesha.lib.wi.us

**APPLICATION FOR GALLERY SPACE** **PLEASE PRINT**

Date of Application: \_\_\_\_\_  
PLEASE CHOOSE ONE:

- Community Meeting Room     Teen Zone     Children's Area     First Floor Art Gallery

**CONTACT INFORMATION**

Name of group: \_\_\_\_\_

Contact Person for group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Description of artwork to be displayed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received and read Waukesha Public Library Policy B-3, Public Display and Exhibit Space. I understand that if accepted, I agree to have my artwork ready for display when scheduled and that the Waukesha Public Library is not liable for any damage to, or loss of, any items that I am exhibiting in the library. I also understand that the Library will not be responsible for materials not picked up by the agreed upon time.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*

Approved: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Applicant asked to supply exhibit: (date/time): \_\_\_\_\_

Applicant asked to remove exhibit: (date/time): \_\_\_\_\_

Applicant notified: \_\_\_\_\_

