

Demarest Free Public Library

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AGREEMENT TO EXHIBIT

_____ Date

_____ Name of Exhibitor

_____ Title of Exhibit/Display

_____ Person Responsible

_____ Address

_____ City, NJ ZIP Code

_____ Email Address

_____ Phone number

_____ Set-up Date* _____ Dismantling Date

_____ Publicity materials provided

*If for any reason the exhibit or display is to be delayed, please notify the Library immediately so staff can reschedule if possible. Please do your utmost to adhere to the scheduled time.

The Library does not insure work/collection for theft, fire, or damage to artwork/collection.

The Library will prepare a press release for the exhibit and/or display.

The exhibitor shall submit a biographical résumé for publicity.

PLEASE SIGN, RETURN, AND KEEP A COPY FOR YOUR RECORDS.

I, the undersigned, have read the **DEMAREST FREE PUBLIC LIBRARY'S POLICY ON DISPLAYS** and agree to all terms stated.

_____ Exhibitor's Signature _____ Date

For Library Use Only: _____

_____ Display Month

_____ Staff Signature _____ Date