

## Public Exhibition of Artwork at Erin Town Hall

## **Application Form**

Name:				
Address:				
Town:			Prov.:	Postal:
Tel:		Cell:		
Email:				
Affiliation /	group / school (if applicable):			
Brief descrip	ption of proposed artwork:			
Work title:	rk title: Media Used:			
I		have read, und	erstand and ag	ree to abide by the
without caus responsible f and/or all oth members sha	(print name) and Guidelines package. I understand that a e. I agree that neither the Town of Erin nor for any loss, damage or breakage caused to ner documentation. I agree that the Town of all not accept and/or receive compensation bllowing application I agree to all terms and ackage.	the Artwork Se or by my artwo of Erin, the Artw from the use, o	election Commi ork, copies of ar work Selection ( display and/or s	ttee (ASC) will be held twork, sketches, drawings Committee and/or any stat sales of my artwork. By
Signature:		Date:		
l permit Tow	n of Erin staff to provide my contact inform	ation (if provid	ed below) whe	n requested by the public.
□ YES	□NO			
Name:				
Phone numb	er:			
Fmail·				