Goleta Valley Library



500 N. Fairview Avenue, Goleta, CA 93117 (805) 964-7878 | goletavalleylibrary@cityofgoleta.org | www.goletavalleylibrary.org

APPLICATION FOR USE OF GALLERY SPACE AT GOLETA VALLEY LIBRARY

Name of Organization	Month and Year of Art Exhibition		
Name of Contact Person			
Fee per month for use of exhibit space:			
Goleta Valley Library Community Room Gallery: \$294			
Date to hang exhibit:	Time to hang exhibit	Start:	End
Date to dismantle exhibit:	Time to dismantle exhibit	Start:	End
Reception: Receptions are booked as a separate meetin Application.			
☐ I wish to have a reception			
☐ I do not wish to have a reception.			
By signing below, I confirm that:	••••••	•••••	•••••
	Il noile from the gallery walls of	tor diamon	ling the out ovhibit
1) I understand that I am responsible for removing a	ii nans irom the gallery wans al	ter disiliali	iling the art exhibit
2) I understand that the gallery space is within a meet personal responsibility for compliance with these rules		ting Room	Rules and assume
Signature:	Date:		
Name:			
Address:			
Email:			
Phone:			
To be completed by staff:			
Application Approved: City Librarian (or Designee)	Date:		
Gallery Fee Total \$ □ Cas	sh	Cred	lit Card