



PUBLIC LIBRARY

35 Loockerman Plaza
 Dover, DE 19901
 Tel: 302-736-7030
 Fax: 302-736-5087

Official Use Only:
Date App. Received: _____
Staff Initials: _____

Presenter/Program Proposal Form

Mission Statement: Delaware libraries are leaders in connecting and inspiring a lifetime of Discovery. The Dover Public Library connects people to a variety of resources and services that inform, educate, and entertain!

Presenter Information			
Presenter Name (Name as it would appear on marketing materials):			
Contact Name:			
Current address:			
City:	State:	Zip Code:	
Email:		Website:	
Target Audience:	<input type="checkbox"/> Children (0-5 years) <input type="checkbox"/> Children (5-12 years) <input type="checkbox"/> Teens (13-17 years) <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Intergenerational		
Event Type:	<input type="checkbox"/> Author Talk/Reading <input type="checkbox"/> Craft Workshop <input type="checkbox"/> Film Screening <input type="checkbox"/> Lecture/Panel Discussion <input type="checkbox"/> Musical/Dramatic Performance <input type="checkbox"/> Educational Workshop Please specify type: <input type="checkbox"/> Other:		
Length of Program:	Most of our performers offer their services for free as a community service. Are you requesting an honorarium? If so, what amount?		
Description of Your Program and/or Activities			
Please provide a detailed description of the program, event or activity you are proposing. Please attach any publicity/brochures/marketing materials:			



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Marketing Description

Please provide a 60-word (or less) statement that could potentially be used on marketing materials to describe your program/performance to the public.

References - Experience - Qualifications

Please provide a reference that has used your performance or is familiar with you professionally.

Name:	Phone Number:
Email:	How do you know this reference:

If no reference is available, please list experience and/or qualifications to present this program:

Have you performed at the Dover Public Library before? If so, when?

By checking this box, I certify that all of the information I have provided on this form is true and accurate.

Signature: _____

Date: _____

Please note, applicants will be notified of the status of their proposal within six (6) weeks of submission.

Please mail form to:

Dover Public Library
Attn: Program Committee
35 Loockerman Plaza
Dover, DE 19901

Or fax form to: 302-736-5087

Official Use Only:

Date App. Reviewed: _____

Approved/Declined: _____

Applicant Notified On:

Staff Initials: _____