

Program Presenter Application

Thank you for your interest in presenting a program for the East Hampton Public Library. Please tell us about your program by completing the application below. Programs must support our mission, vision, and values.

Library staff will evaluate proposals based on the criteria in our Programming Policy. The Library reserves the right to decline any proposal without providing a detailed explanation.

Date: _____ Name: _____

Address: _____

Town: _____ State/Zip: _____

Phone Number: _____ Email: _____

Business Name (if applicable): _____

Have you performed or submitted a Program Presenter Application with the Library before? _____

Program Title/Topic: _____

Target Age Group: _____

Proposed Program Day(s) and Time _____

Program Description: _____

Experience/Qualifications: _____

Program Benefits (Why is this program important? How does it benefit the community? How does it support the Library's mission, vision, and values?) _____
