

Today's Date: ___/___/___

Time: _____ AM / PM

Exhibit/Display Request Form

Children's Wing

Main Library

Group Name (if applicable): _____

Contact Person: _____

• Address: _____

• Phone Number: _____

• Email: _____

• Library Card Number: _____

• Dates of Exhibit/Display: ___/___/___ through ___/___/___

Description of Exhibit/Display: _____

Number of items in the display (if applicable): _____

Agree to the Exhibit/Display Policy? _____
Initials Date

-----Below is for library use only-----

Approved by Director: yes / no _____
Director Signature Date

Contacted with approval/denial? _____
Initials Date

Added to calendar and/or schedule? _____
Initials Date

Today's Date: ____/____/_____

Time: _____ AM / PM

Director Comments:
