

Application For Display, Exhibit and Posting

Applicant Information				
Name:			Date:	
	Last	First	<i>M.I.</i>	
Address:	Street Address			Apartment #
	City		State	ZIP Code
Phone:		Email		
Library con	tact:			
Dates of Ex	hibit:			
Set Up Date: Opening		Opening Date:	Removal Date:	:
Description of exhibit. Please attach list of items to be displayed and provide photos, if possible: I (WE) HAVE READ the policy information and accept responsibility for compliance with the procedures and rules governing the use of the exhibit space at the Claverack Free Library.				
Signature		Date		
Signature		Date		
For Library Use				
Date Approved:				
Date Confir with Applic				