Cornwall Public Library

Exhibit and Display Application

This form, including the Exhibit and Display Agreement Form, must be submitted to and be approved by the Cornwall Public Library at least 4 weeks prior to the scheduled date of the event/display.

Name of Applica	nt:		
Address:			
Phone:	Email:	Fax:	
Sponsoring Organ	nization (if applicable)_		
Address:			
Phone:	Email:	Fax:	
Purpose of Organ	nization:		
Exhibit and Disp	olay Information		
Dates Requested:			
Set-Up (date & ti	Set-Up (date & time)to Removal (date & time)		
Meet the Artist/E	xhibitor Date and		
Time:			
Name of Exhibit:			
Submit photos of	f proposed exhibit mate	rials.	
Exhibit/Display F	Requirements: (check al	l that apply):Community RoomDisplay Case	
Contents/Descrip	tion: (Please list number	er and type of items, etc.)	
I/We have receive	ed a copy of the Cornwa	all Public Library Exhibits and Displays Policy, Procedures, and	
the Application as	<i>nd Release Forms</i> and 1	/We agree to abide by all of the stated rules/regulations.	
Name (print):			
Signature:		Date:	
` •		nent to abide by, the Cornwall Public Library Exhibit and	
Display Policy an			
CPL APPROVAL	L:	Date:	

Revised August 4, 2016/mlc Approved by Board of Trustees, 8/9/16