

Exhibition Application

Exhibitor or Responsible Party Name: _____

Organization Name (if applicable): _____

Phone Number: _____ (home) _____ (cell)

Address: _____

Email: _____

Proposed Title of Exhibit: _____

Proposed date of exhibit: _____

Purpose of the exhibit: _____

I, the undersigned, provide the aforementioned materials for exhibit at the L. E. Smoot Memorial Library for the time period indicated. I have read and understood the Smoot Library Exhibition Policy. I understand that the Smoot Library accepts no responsibility for the preservation, protection or possible damage or theft of any item displayed or exhibited and that all items placed on display at the L. E. Smoot Memorial Library are done so at the owner's risk.

Signature

Date

Signature (if under age 18, Parent/Guardian to sign)

Date

*****In Office Use Only*****

Date Application Received: _____

Approval Date: _____

Signature of Approval: _____