

RUTH KEELER MEMORIAL LIBRARY EXHIBIT APPLICATION

The Exhibitor applying to display object(s) in the Ruth Keeler Memorial Library (RKML) must do so with the approval and coordination of the Library and its staff.

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

TITLE OF THE EXHIBITION

SPACE REQUESTED.....

DATES REQUESTED: From..... To.....

DESCRIPTION OF EXHIBIT _____

If planning an Opening Reception, please contact Library staff to arrange for an insurance rider.

The Exhibitor has read the Library's policies with regard to the use of its space and affirms that they agree to the terms and conditions.

Agreed on behalf of the Exhibitor **Date**

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FOR RKML STAFF ONLY: (To be finalized and approved the Library and its staff)

EXHIBITION DATES: From To:

SET-UP DATE: REMOVAL DATE:

OPENING RECEPTION: Yes No Date

If YES, please indicate that an insurance rider has been provided: Yes