



**Pearle L. Crawford
Memorial Library**

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EXHIBIT/DISPLAY AGREEMENT

EXHIBITOR INFORMATION:

NAME: _____

CONTACT PERSON, IF A GROUP: _____

ADDRESS: _____

TELEPHONE: _____

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EXHIBIT INFORMATION:

TITLE/SUBJECT: _____

MEDIUM: _____

SPACE REQUIREMENTS: _____

NUMBER OF PIECES: _____

DISPLAY DATES: _____ **TO** _____

I have read, and agree to comply with, all conditions outlined in the Pearle L. Crawford Memorial Library Exhibit/Display/Bulletin Board Policy.

SIGNATURE: _____ DATE: _____

LIBRARY USE ONLY

Agreement/release form received (date): _____

Library Director signature: _____

Updated: 2/7/15