

**Ventress Memorial Library**  
**Exhibit Space Reservation Form**

Name of Individual/Organization\_\_\_\_\_

Date of Exhibit \_\_\_\_\_

Contact Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Telephone\_\_\_\_\_

Children's Case \_\_\_\_\_ Adult Case \_\_\_\_\_

I have read and agree to comply with the exhibit policy of the Ventress Memorial Library and understand that items are for display only and not for sale.

Signature of Applicant\_\_\_\_\_

Date\_\_\_\_\_

Please direct any questions to Cyndee Marcoux, Library Director