

Application for Use of Library Exhibit/Display Space

SPRINGFIELD CITY LIBRARY

RETURN THIS APPLICATION TO LIBRARY LOCATION WHERE SPACE IS
DESIRED EXHIBITOR INFORMATION:

NAME: _____

CONTACT PERSON, IF A GROUP: _____

ADDRESS: _____

TELEPHONE: _____

EXHIBIT INFORMATION:

TITLE/SUBJECT: _____

MEDIUM: _____

SPACE REQUIREMENTS: _____

NUMBER OF PIECES: _____

PREFERRED DATES: _____ to _____

I agree to comply with all conditions outlined in the Springfield City Library Policy
On Exhibit And Display Spaces.

Questions? Call the Central Library at 413-263-6828, ext. 422.

SIGNATURE _____ DATE _____

Library Use Only

APPROVED DATES: _____ to _____

AUTHORIZED SIGNATURE: _____

