West Babylon Public Library
Exhibit or Display Request Form

211 Route 109, West Babylon, NY 11704
Date: _____

Applicant Information

Name: _____

Non-Profit (Yes/No): _____

Address: _____

Telephone Number: _____

Exhibit Information

General nature of exhibit or display:

_____

_____

Please attach a list of items to be displayed and photographs of all items.

Agreement

I have read the Exhibit and Display Procedure and agree to abide by all provisions.

Applicant Signature: _____

Library Use Only

Application Approved: _____

Application Not Approved: _____

Dates of Display: _____

Location of Display: _____

Library Staff Signature: _____