

# LIBRARY EXHIBIT FORM

BRANCH:

DATE:

NAME OF PERSON/ORGANIZATION  
REQUESTING EXHIBIT SPACE:

CONTACT PERSON:

PHONE:

NATURE/PURPOSE OF DISPLAY:  
(Enclose samples of brochures and/or flyers)

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

NEEDED FOR DISPLAY: TABLE \_\_\_\_\_ OTHER \_\_\_\_\_

**IT IS THE RESPONSIBILITY OF THE EXHIBITOR/ORGANIZATION TO ARRANGE  
FOR AN AESTHETICALLY PLEASING DISPLAY AND TO MAINTAIN IT.**



## RELEASE FORM FOR EXHIBITORS

DATE:

I will not hold the \_\_\_\_\_ Branch of the Ocean County Library System or any of its staff responsible for the loss, theft or damage to my property. The library will protect my exhibit in a locked case when possible.

If another exhibit arrives, I (will allow) (do not wish) my display to be removed. The display, if removed, will be kept safely in a non-public area in the library.

\_\_\_\_\_  
(Exhibitor's Signature)

**THE EXHIBITOR AUTHORIZES THE FOLLOWING PERSONS (INCLUDING  
STAFF) TO HAVE ACCESS TO THE DISPLAY:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**IDENTIFICATION IS REQUIRED WHEN REMOVING DISPLAY ITEMS.**