

**Ventress Memorial Library
Exhibit Space Reservation Form**

Name of Individual/Organization _____

Desired 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.

Signature of Applicant _____

Date _____

Please direct any questions to Cyndee Marcoux, Library Director